Lancashire County Council

Woodlands Home for Older People

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?	Good

Summary of findings

Overall summary

We carried out an inspection of Woodlands Home for Older People on 26 and 27 September 2016. The first day was unannounced.

Woodlands Home for Older People is registered to provide accommodation and personal care for up to 46 older people. The home is located close to the centre of Clayton-le-Moors and is set in its own grounds. Accommodation is provided on one level in 46 single bedrooms. The home has three distinct areas known as Ash Grove, Beech Grove and Cedar Grove. The latter provided care for people living with dementia. At the time of the inspection there were 45 people accommodated in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 6 February 2014, the service was found to be meeting the regulations applicable at that time.

During this inspection people told us they felt safe and staff treated them well. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. Risks associated with people's care were identified, assessed and recorded. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Policies and procedures were in place to guide staff with the safe ordering, administration, storage and disposal of medicines. We saw medicines were managed, stored, given to people as prescribed and disposed of safely by trained staff.

We observed staff acted in a courteous, professional and safe manner when supporting people. There were sufficient staff numbers on duty to keep people safe and to meet people's needs. Safe staff recruitment procedures were in place which ensured only those staff suitable to the role were in post.

Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the main principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care needs and had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Support plans and risk assessments

provided guidance for staff on how to meet people's needs and were reviewed regularly. People were encouraged to remain as independent as possible and supported to participate in a variety of daily activities.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care and oversight by a senior manager. Regular checks were undertaken on all aspects of care provision and actions were taken to continuously improve people's experience of care.

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 were protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were supported to have a sufficient amount to eat and drink. Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual support plan.

People were provided with a range of social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The registered manager had developed positive working relationships with the staff team and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. Appropriate action plans had been devised to address any shortfalls and areas of development.

Woodlands Home for Older People

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 September 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, six members of staff, the cook, two healthcare professionals, ten people living in the home, six relatives and one visitor. We also discussed our findings with a senior manager.

We observed how care and support was provided to some people who were not able to communicate their views to us. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a sample of records including seven people's support plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines records, maintenance records, a sample of policies and procedures and audits.

Good

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I feel completely safe, the staff help me all they can" and another person commented, "The staff look after me very well. I have no concerns." These comments were supported by relatives visiting the home. One relative told us, "I'm happy with the way [family member] is looked after. The staff are very compassionate."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact number for the local authority. The procedure was designed to ensure that any safeguarding concerns were dealt with openly and people were protected from possible harm. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this.

The risks involved in delivering people's care had been assessed to help keep them safe. We found individual risks had been assessed and recorded in people's support plans and management strategies had been developed to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration, tissue viability, sensory impairment and falls. Records showed the risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant staff were provided with up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments were reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from any unnecessary hazards.

We saw there were plans in place to respond to any emergencies that might arise and these were understood by staff. The registered manager had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. We also noted all people had a personal emergency evacuation plan, which detailed the assistance they would need in the event of an urgent evacuation of the building.

The premises and equipment were appropriately maintained to help keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The

provider also had arrangements in place for ongoing maintenance and repairs to the building.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager had made referrals as appropriate, for example to the falls team and the rapid intervention team. An analysis of accidents involving falls was carried out on a monthly basis in order to identify any patterns or trends. The findings were discussed and recorded as part of management team meetings.

We looked at how the provider managed the deployment of staff. The majority of people spoken with told us there were sufficient staff on duty, however, one person and one relative expressed concern about the level of staffing, especially during the night. We discussed this matter with the registered manager who assured us that plans were in place to increase the number of waking staff on night duty to three.

The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they usually had time to spend chatting with people living in the home. During the inspection, we observed staff responded promptly to people's needs and had time to participate in an activity. We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. The registered manager was also allocated a bank of flexible staffing hours to respond to any changing needs.

In addition to the care staff, there were also ancillary staff including cooks, an administrator and cleaning staff.

We looked at the recruitment records of two staff members and spoke with a member of staff about their recruitment experiences. The recruitment process included a written application form and a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We noted the candidates' responses were recorded to support a fair process. We also saw two written references and an enhanced criminal records check had been obtained before staff started work in the home. This meant the provider only employed staff after all the required and essential recruitment checks had been completed.

People told us they were satisfied with the management of their medicines. One person told us, "The staff are spot on with my tablets. I can completely rely on them" and another person commented, "The staff know exactly how I like to take my tablets." The level of assistance that people needed was recorded in their support plan alongside guidance on the management of any risks. During the inspection, we observed medicines being offered to people safely, and with due regard to good hygiene. We also noted people were given time to take their medicines without being rushed. Staff designated to administer medicines had completed a safe handling of medicines course and had undertaken competency tests to ensure they were proficient at this task. Staff had access to a full set of policies and procedures which were readily available for reference. The registered manager had also obtained a copy of the NICE (National Institute for Health and Care Excellence) guidelines for the management of medicines in care homes.

Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. The management team had identified any shortfalls as part of their regular checks and audits. The medicine administration records were pre-printed by the supplying pharmacist and were well organised and presented. All records seen were

complete and up to date. We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff were appropriately trained and had the necessary skills and abilities to meet their needs. One person told us, "I can't find fault with anything, the staff are very knowledgeable" and a relative commented, "The staff are approachable and understand my [family member] very well."

We looked at how the provider trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures, mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. All new staff completed a probationary period of six months during which their work performance was reviewed at regular intervals.

There was a programme of ongoing training available for all staff, which included, safeguarding, moving people, safe handling of medicines, health and safety, Mental Capacity Act 2005, person centred planning and proactive approaches to conflict. Staff also completed specialist training which included dementia training accredited with Sterling University. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role.

In order to supplement the training programme, an information board had been established in the staff room. This was used to display posters and other information on specific topics. At the time of the inspection there was a display about food and nutrition. Following our visit, the registered manager sent us some photographs of previous displays which included presentations on safeguarding vulnerable adults, the management of medicines and falls. This enabled the staff to build on the knowledge gained as part of their training.

All staff spoken with told us they were provided with regular supervision and they were well supported by the management team. The supervision sessions provided opportunities for staff to discuss their performance, development and training needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed. As part of the supervision process, the management team carried out regular observations of staff providing direct care and staff were invited to attend meetings known as team supervision. The registered manager also carried out an annual appraisal of each member of staff's work performance, known as a personal development review. We saw a sample of all relevant records during the inspection. This meant the staff received regular support and feedback to enable them to carry out their roles effectively.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider had policies and procedures on the MCA and staff had received appropriate training. The registered manager and the staff spoken with had a good knowledge of the principles of the Act. They understood the importance of assessing whether a person had capacity to make a specific decision as well as the process they would follow if the person lacked capacity to make decisions. We noted all people had a mental capacity assessment and where any issues had been identified a best interest meeting had been held. The assessments were reviewed at monthly intervals to determine if there had been any changes in people's abilities.

Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance. From looking at people's personal files, we saw people had signed to give their consent to their care being provided in line with their support plan, staff taking photographs and staff assisting with their medicines. People spoken with confirmed they were involved in their care and support and were given the opportunity to discuss their needs and wishes.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, one DoLS application had been authorised and the registered manager had submitted a further 15 applications to the local authority for consideration. This ensured that people were not unlawfully restricted. We noted information about the DoLS applications was recorded in people's support plans along with details of how to care for the person in the least restrictive way possible.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is varied and on the whole very good, especially the cakes in the afternoon" and another person commented, "The food is really nice." Relatives were welcome to join their family members for a meal for a small fee. One relative said, "I can vouch for the meals, they are very good." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of cakes and biscuits.

Weekly menus were planned and rotated every three weeks. The daily menu was displayed on a board in each dining area. People could choose where they wished to eat; some ate in their rooms, others in the dining areas. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising and the portion sizes were ample. All meals were prepared daily from fresh ingredients. Staff interacted with people throughout the meal and we saw them supporting people sensitively.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. The management team carried out a

nutritional handover meeting with the cook on a weekly basis. This ensured the catering staff were well informed about people's dietary needs and requirements. The home also had a designated nutritional champion who promoted the importance of good nutrition and hydration.

People using the service and their relatives confirmed that health care from health professionals, such as the General Practitioner (GP) or dentist could be accessed as and when required. One person told us, "They are quick to call the doctor if I'm not well." Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist and the district nursing team, as necessary. The staff also had access to a telemedicine system which enabled them to contact a hospital via a computer link for help and advice. We spoke with two healthcare professionals during the inspection, who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary. One professional commented, "The staff always refer any concerns and carry out any instructions." We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. All medical and healthcare appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "The staff are excellent and very caring. They really understand my needs" and another person commented, "I like the staff very much. I would give them ten out of ten." Relatives also gave us positive feedback about the staff team. One relative said, "I like the way staff treat people. They are caring and considerate and interested in everyone."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. Where staff provided one to one support they sat and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love it here, the home is very welcoming. All the staff are dedicated to looking after people the best way they can." There was a 'keyworker' system in place. This linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support.

We saw instances of people's independence being valued and upheld. Staff spoken with gave examples of how they promoted people's independence and choices, for example supporting and encouraging people to maintain and build their mobility. One member of staff told us it was important people remained as independent as possible in order to, "Promote people's sense of well-being and self-esteem." People said they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. One person told us, "I like the home, the staff encourage me to do things myself and decide things for myself."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. People were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing and reviewing their support plans and their views were listened to and respected. The process of reviewing support plans helped people to express their views and be involved in decisions about their care. People were also able to express their views by means of daily conversations, consultation exercises, residents' meetings and satisfaction surveys.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to

meet people's individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. We noted there were memory boxes outside bedrooms on Cedar Grove. These included photographs and memorabilia, which had been chosen by the person as something they related to. For example, some people had a photograph of themselves or others had a picture with a family member. This promoted good dementia care and enabled people to orient themselves so they were not always dependent upon staff.

Each person had a single room which was fitted with an appropriate safety lock. Some people chose to spend time alone in their room and this choice was respected by the staff. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user guide. The guide was available in all bedrooms and presented an overview of the home and the services and facilities provided.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people or their families.

Good

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "The staff are helpful. They do their best for me" and another person commented, "I think the staff are grand. They come as quick as they can if I call for them." Relatives felt staff were approachable and had a good understanding of people's individual needs. One relative said, "Everything I've asked for has always been done and they always keep me up to date if there are any problems."

Staff identified and planned for people's specific needs through the support planning and review process. We saw people had individual support plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. Before people moved into the home an initial assessment of their needs had been undertaken. We found the completed assessments covered all aspects of the person's needs. Wherever possible, people had been involved in their assessment of needs and information had been gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home. People were invited to visit the service before making any decisions. This allowed them to meet other people and the staff and experience life in the home.

We examined seven people's support plans and other associated documentation. Since our last inspection, the provider had introduced a new integrated computer based assessment and support planning system. This was designed to be used by all social care staff within the local authority and enabled information to be shared from the point of assessment.

All people had a new support plan, which was supported by a series of risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. All files contained a one page profile and details about people's life history and their likes and dislikes. The profile set out what was important to each person and how they could best be supported. We saw the support plans were reviewed on a monthly basis and if new areas of support were identified, or changes had occurred, then they were modified to address these changes. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals within the support plans so their guidance could be incorporated into care practice. Where possible, people had been consulted and involved in developing and reviewing their support plan.

The provider had systems in place to ensure they could respond to people's changing needs. For example, we saw the staff had a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of people living in the home. We noted that when any part of the new care plan was reviewed and updated, the staff were given a prompt by the computer system to consider reviewing other aspects of people's care documentation such as their risk assessments.

Daily reports provided evidence to show people had received care and support in line with their support plan. We noted the records were detailed and people's needs were described in respectful and sensitive

terms. We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and behaviour.

In addition to the monitoring carried out as part of the support planning process, the registered manager explained the Bradford Well-being Profile had been recently introduced for people living with dementia. This tool enabled staff to monitor people's psychological and social well-being by using a series of positive and negative indicators. Following completion of the tool an action plan was drawn up and transferred to the person's support plan. We checked one person's support plan and noted information had been added to help staff put in place measures to avoid the person experiencing negative feelings as well as actions to support positive feelings and engagement.

Staff had a good knowledge of the people's needs and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

People had access to various activities and told us there were things to do to occupy their time. An activity coordinator started work in the home the day before the inspection and had plans to introduce a new programme of activities. At the time of the visit, activities included bingo, board games, flower arranging, quizzes, a book club and arts and crafts. On the second day of the inspection we noted people enjoyed decorating cupcakes. People also had the opportunity to go on trips out of the home and visited places of local interest as well as restaurants and garden centres. We saw details of forthcoming activities were displayed in the home.

The registered manager had worked hard to involve the community in the home for instance a garden project had been completed with the help of a DIY store, staff and family members. The registered manager had received a certificate of excellence from the organisation in recognition of her work integrating the community into the home.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there information about the procedure in the service user guide. People were also provided with a leaflet published by the local authority on how to make a complaint, comment or compliment. We looked at the complaints records and noted the registered manager had received four complaints and two minor concerns during the last 12 months. We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

Good

Is the service well-led?

Our findings

People and their relatives told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "The home runs smoothly and I see the manager every day. I can always talk to her and discuss anything if I want to" and a relative commented, "The staff are always calm and well organised. Nothing seems to be too much trouble."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service.

The registered manager told us she was committed to the on-going improvement of the home. At the time of the inspection, she described her achievements over the last 12 months as improving the environment especially for people living with dementia, introducing the new support planning system and increasing community involvement in the home. The registered manager also described her priorities over the next 12 months as developing a Friends group, improving the back garden area and introducing picture menus. The registered manager had set out further planned improvements for the service in the PIR (Provider Information Return). This demonstrated the registered manager had a good understanding of the service.

The staff members spoken with said communication with the registered manager and management team was good and they felt supported to carry out their roles in caring for people. One member of staff told us, "The home runs very well. All the managers are caring and approachable" and another member of staff commented, "The manager is dedicated and committed to making improvements. She is very willing to listen and respond to new ideas." All staff spoken with told us they were part of a strong team, who supported each other. We noted a monthly staff recognition scheme had been implemented in the home. This enabled people, relatives and staff members to nominate a member of staff each month for their positive contribution to the service.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

We noted people and their relatives were regularly asked for their views on the service. As part of this, people were invited to complete a satisfaction questionnaire. The last survey was carried out during 2015. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. We noted several people had made positive comments about the service for instance one person had written, "Woodlands Care Home is excellent and the staff are first class" and another person had stated, "The home is comfortable and friendly." The registered manager had given feedback along with the action taken to suggestions for improvement at the resident and family meetings. People also participated in

smaller more regular surveys known as "How was your week?" Feedback had been given to people using the format "You said, We did." This helped to ensure people were aware of the action taken.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and checks on mattresses, commodes and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

We saw there were organisational policies and procedures which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service.

The registered manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. The senior manager carried out at least one unannounced visit to the home each month and completed a report of their findings. We saw copies of the reports during the inspection and noted feedback had been sought from people living in the home, relatives and members of staff.