

The Woodlands Care Home Limited

# Woodlands Care Home

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Woodlands Care Home is a residential home for up to 19 older people living with the experience of dementia. At the time of the inspection 18 people were using the service. The home is owned and managed by a private limited company. This is a family business and Woodlands Care Home is the only registered location for the provider. The provider owns a day centre, which is next to the care home. This is not regulated by the Care Quality Commission.

### People's experience of using this service and what we found

People living at the service, and their visitors, were happy with the care they received. They spoke extremely positively about how caring the staff were, and we also witnessed kind and thoughtful interactions. People's needs were being met and they were able to make choices about how they spent their time. Where people were not able to make complex decisions, their relatives were involved in planning care, so this reflected their preferences. There was a wide range of different activities for people to participate in. The home had a lively atmosphere and the staff paid attention to people making sure they were comfortable, happy and had everything they needed.

People's dignity, equality and human rights were respected. Everyone was treated as an individual and able to express their choices. The provider had promoted LGBT+ (Lesbian, Gay, Bisexual and Transgender) awareness at the service. They also ensured that the activities, food and structure of the day reflected people's cultural needs and identities.

The staff liked working at the service. They felt supported and had the training and information they needed. There were processes to make sure only suitable staff were recruited. Their competencies and knowledge were assessed, and they were giving a range of training and an induction to the service. There were regular team and individual staff meetings with the registered manager where they could discuss the service and their work.

The registered manager shared information about changes in national guidance, best practice and relevant legislation with staff and also other stakeholders. During team meetings, the staff discussed these areas and were able to ask for further training or to take a lead in champion specific areas within the service. The newsletter, which was shared with all stakeholders, gave clear and relevant information about different topics as well as news about the service. For example, a recent newsletter had included information about LGBT+ awareness, changes in regulations relating to data and information about Clinical Commissioning Groups and how these related to the service.

People's needs were recorded in clear and well-ordered care plans. These were regularly reviewed and updated. The staff recorded the care and support they gave to people each day, and this showed that care plans were followed. People were supported to be independent where they were able, and the staff had assessed any risks to their safety and wellbeing. They received their medicines on time and as prescribed.

The staff liaised with other health care professionals to make sure people received the treatment and medical interventions they needed. The provider employed a chef who knew people's likes and dislikes and provided a choice of freshly prepared meals. The chef had undertaken specialist training regarding the risk of choking and food textures, so they made sure food and fluid textures were suitable for each person's needs. People were offered drinks throughout the day and could help themselves to drinks 24 hours a day from a 'juice bar' situated in the lounge.

The owner of the company was also the registered manager. They had managed the home since 2011 and previously worked there as part of the family business. They had a management qualification. They had a very good knowledge of individuals who lived and worked at the service. The staff told us they felt well supported by the registered manager. Some staff told us that the registered manager had shown exceptional support and understanding of their particular needs. People's visitors told us the management team were open and approachable. People knew how to make a complaint and felt these would be responded to appropriately. There were systems for monitoring and improving the quality of the service, and these included asking stakeholders for their views. Information about the service, activities, menus, policies and procedures were displayed for the people who lived there and their relatives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 29 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Woodlands Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we looked at all the information we held about the service. This included the last inspection report and notifications received from the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at public information available about the service, including the provider's own website.

#### During the inspection

We spoke with six people who lived at the service, six visiting relatives and friends and staff on duty who included, care workers, senior care workers, activity coordinators, the chef, the deputy manager and the registered manager. We also observed how people were being cared for and supported and witnessed a number of social activities.

We looked at the care records for five people who use the service and the staff recruitment, training and support records for five members of staff. We looked at other records used by the provider to manage the service, including audits, records of meetings, staff training plans, records of complaints, accidents and incidents and improvement plans. We inspected the environment and the equipment being used. We also looked at how medicines were being managed.

#### After the inspection

We spoke with the quality assurance manager from the local authority who carry out their own audits of the service. The provider sent us further evidence to consider which demonstrated some of the work they and the staff had undertaken.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the inspection of 8 March 2017, we identified some shortfalls with medicine stock checks and monitoring, so medicines were not always being safely managed.

- At the inspection of 9 July 2019, we found improvements had been made. Medicines were managed in a safe way. There were effective systems to ensure that people had enough medicines, that these were reordered when needed and that records relating to these were correct.
- Medicines were stored securely. The staff checked the temperature and condition of storage areas and responded appropriately when they found something was wrong. Medicines were appropriately recorded when they were received, disposed of and administered. Records included evidence of stock checks which helped to identify if there was a recording error. The staff kept separate records to show the application of medicated creams.
- There was a profile for each person which included details about the way medicines were administered to them, any allergies, a list of prescribed medicines and any side effects associated with these. Where people had been prescribed PRN (as required) medicines there were detailed protocols describing how and when these should be administered.
- The staff responsible for administering medicines had been trained in respect of this and the provider regularly assessed their competencies to make sure they could manage medicines safely.

### Staffing and recruitment

At the inspection of 8 March 2017, we found staff recruitment procedures were not always being robustly followed to ensure only suitable staff were employed by the service.

- At the inspection of 9 July 2019, we found improvements had been made. The registered manager and deputy manager carried out formal interviews for all potential staff. These included a written test. They also undertook a range of other checks including eligibility to work in the United Kingdom, references and checks on any criminal records.
- New members of staff undertook an induction and the registered manager assessed their competencies to work safely and appropriately at the service.
- There were enough staff to meet people's needs and keep them safe. People using the service and their

visitors told us that their needs were attended to promptly and they did not have to wait for care or support. The staff worked well together and were not rushed. There were staff available in communal areas and they carried out regular checks to make sure people in their rooms were safe and well.

- Most of the staff had worked at the service for a long time. There was a low turn over of staff and the registered manager told us that any staff absences or vacancies were covered by the existing staff team, including the management team, to make sure people received continuity of care.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe. Some of their comments included, "I feel really safe and have no worries at all", "I feel safe at night because there is always someone to help me", "[Person] is part of the family here and is very relaxed, which I think means [they] must feel safe."
- The provider had suitable procedures regarding safeguarding and whistle blowing. The staff were aware of these and were able to describe how they would respond if they were concerned someone was being abused. There were posters and information on display so that people using the service, visitors and staff knew what to do and who to contact if they had concerns. The registered manager explained that the staff were provided with links to NHS mobile phone applications which gave useful information about safeguarding adults.
- The premise was secured with key pad entry codes on certain entrances and exits. All visitors were required to sign in and make themselves known to the staff. There were cameras in the communal areas which people using the service and visitors were made aware of and had consented to. The deputy manager told us they could view live feeds from the service to make sure people were safe. Information could also be played back if any concerns about staff practice were raised.

Assessing risk, safety monitoring and management

- The staff had assessed risks to people's safety and wellbeing, including risks relating to their physical and mental health, sleeping, nutritional and hydration, use of equipment, medicines and skin integrity. The assessments included potential risks and agreed actions to mitigate or reduce these. Assessments were reviewed each month, and more often if needed.
- The staff had information about potential risks, such as developing pressure sores, choking and falls. They discussed these at team meetings as well as receiving formal training. The handover of information between the staff included sharing updates on any risks, and information about people who were unwell. The provider had organised for some of the staff to attend local authority training so they could become falls champions. This meant they had a greater understanding about the risks of falling and how to prevent this. They shared their knowledge with the other staff and provided support and guidance. We witnessed the staff supporting people to move around the home and to be assisted using equipment. They did this competently and safely, offering reassurance and comfort to people.
- The environment was safe and hazard free. There was sufficient equipment available to support people and meet their needs. This had been regularly serviced and checked. There were procedures for storing cleaning products and other chemicals safely and for fire safety. The fire risk assessment was up to date and the staff undertook regular checks on fire equipment. There were individual evacuation plans for each person setting out the support they would require in an emergency. There were also recorded checks on gas, water and electrical safety. The provider had responded to any identified concerns and rectified these.



### Preventing and controlling infection

- The provider had appropriate procedures for preventing and controlling infection. The staff undertook training in this. Protective equipment such as gloves and aprons were available. These and other clinical waste were disposed of appropriately.
- The service was clean and there were schedules for ensuring deep cleaning. The provider undertook infection control audits.

### Learning lessons when things go wrong

- The staff discussed accidents, incidents and other adverse events during individual and team meetings, so they could learn from these and reflect on whether things could be done differently. All accidents, incidents and complaints were recorded, investigated and appropriate action had been taken following these.
- The provider had responded to feedback from others, such as audits by the supplying pharmacist, Clinical Commissioning Group and local authority. Where they had identified area for improvement, these improvements had been made and there was an action plan describing how to prevent the same mistakes happening again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and deputy manager carried out assessments of people's needs before they moved to the service. They involved the person, so they could find out about their preferences. However, the majority of people needed the support of families and others who knew them well to explain their needs. The staff had good relationships with families, people's friends and other professionals, which meant they were able to gather a holistic picture of each person's needs and preferences. There were checklists which ensured the managers had spoken with people about their interests, faith, life history and choices as well as finding out about personal care and health needs.

- Assessments were used to create care plans. These were shown to people, or their representatives, so they could agree or make suggested amendments. The staff regularly reassessed people's needs, noting any changes in needs and updating care plans with these.

- People were provided with a range of information about the service, including a service user guide, information about certain procedures and how to make a complaint.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. They had the skills needed to provide effective care and were supported to develop these skills. New members of staff undertook an induction, which included shadowing experienced staff and being assessed undertaking various tasks. The staff completed induction booklets with their line manager which reflected national guidance for training care staff.

- All of the staff undertook regular training. The majority of this was computer based and included tests of their knowledge. The registered manager could view whether staff had completed the training and if updates were needed. The registered manager also organised for additional classroom-based training in certain subjects, such as assisting people to move safely.

- The staff were encouraged to enrol on vocational qualifications. They also took part in specialist training where this was an identified need or interest. For example, some staff had completed 'falls champion' training with the local authority to help them understand about preventing falls. Some of the staff had been promoted within the organisation and they had completed training relevant to their new roles. The kitchen manager had attended training regarding dysphagia (swallowing difficulties), texture modified foods and fluids. This training had been organised by a leading group who were working to standardise classifications

of different food textures. The kitchen manager had a good understanding about this and was able to use their knowledge when meeting with people and assessing their needs.

- The staff took part in regular team and individual meetings. These included opportunities for them to raise issues they wanted to discuss and reflection on practice. The registered manager discussed changes in legislation and good practice guidance at these meetings, so the staff were aware of their responsibilities. As part of these discussions they provided written information and links to relevant websites for staff to find out more.
- The staff told us they felt supported and were able to approach the registered manager if they needed help or information. They said that the registered manager accommodated their requests for flexible working and if they needed time off. There was evidence that staff were thanked and congratulated for their work, and anything they had done beyond their normal role. The staff worked well as a team, communicating effectively with each other and sharing work. We observed how they supported each other and shared tasks so that they worked effectively and in the best interests of the people who lived at the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that they liked the food at the service and they had plenty to eat and drink. The visitors confirmed this. We saw that people were offered drinks throughout the day and staff made sure they were well hydrated. There was a 24 hour 'juice bar' where people could help themselves to a selection of cold drinks whenever they wanted. The staff recorded people's fluid intake and the computerised care planning system automatically calculated whether people had had enough to drink each day or if action was needed.
- The staff had created a nutritional care plan for each person. These highlighted any risks regarding nutrition and action the staff needed to take. Where people were at risk or had low weight, there were plans to include additional calories and encourage the person to eat more. The amount and type of food people ate was recorded and the staff had contacted other professionals, such as dietitians, for advice and support when people's nutritional intake or weight indicated a risk.
- The kitchen manager had worked at the service for many years and was familiar with people's needs and choices. They met with people when they moved to the home to discuss these. They had created a menu which offered choices at each meal time. People were able to ask for alternatives if they did not want one of the main choices. Food and snacks were offered throughout the day and people told us these were available at night if needed. The staff recognised that people with dementia sometimes did not want to fit in with traditional mealtimes and made sure they were able to offer food for those who wanted this at other times.
- Some people ate pureed or textured modified food because of the risk of choking. In addition to the training the kitchen manager had undertaken regarding this, the registered manager told us they were looking at ways of improving presentation of pureed foods and had ordered specialist moulds, so they could present the food more attractively. The kitchen manager was able to tell us about the specialist diets catered for at the service and how these were being met.

Adapting service, design, decoration to meet people's needs

- All bedrooms at the service were for single use over two floors. There was a lift to access the first floor. People were able to personalise their bedrooms with their own belongings and the registered manager told us that they recognised this was important for people to feel safe and comfortable. The building was equipped with a specialist bath and shower to help people with mobility needs. People were given beds

which met their needs and included safety rails where this had been assessed as needed and agreed by the person or their representatives. The corridors, toilets and bathrooms were equipped with rails to support people.

- The layout and décor of the home were functional but did not always reflect best practice guidance for dementia friendly environments. The provider had an action plan to make improvements in this area. They were planning an extension and as part of this they had plans to alter and redecorate the existing building.
- There was a large and well-maintained garden which had a shaded seated area. People regularly used this. The lounge was light and well ventilated with patio doors to the garden. Information about the service, such as menus, activities, and how to make a complaint were clearly displayed on posters around the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People using the service were supported to maintain good health and were given the medical support and attention when needed. There were detailed care plans regarding their individual health needs. These were regularly reviewed and updated. The staff monitored people's health and there was evidence they consulted healthcare professionals when needed.
- Records showed that people had regular healthcare appointments with dentists, opticians and chiropodists. The community dentist visited people on the day of our inspection. The staff liaised with them and made sure they were aware of people's individual needs. The provider had updated information for staff regarding the CQC's latest information about oral health in care homes. They were in the process of reviewing their practices to make sure these reflected best practice.
- The provider notified relatives about upcoming healthcare appointments, so they could attend these if they wanted and were able. Relatives told us they were informed about any changes in people's health and wellbeing. One relative told us, "We visited today because we knew the dentist would be coming and we felt our presence may give [person] some encouragement and support to see the dentist."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The provider had made sure people's mental capacity had been assessed. Their care plans included information about the decisions they could make and how best to support people to make these decisions.

They had applied for DoLS where needed and these had been authorised. The registered manager and deputy manager kept a record of when they needed to reapply for each person.

- Some people had legal representatives. The provider had obtained information in respect of these and always involved them in making decisions. People's relatives and those who were important to them had also been involved in discussing and making decisions in their best interests, where they were not able to do so themselves. This had been recorded.
- Where there were restrictions on people's liberty, for example the administration of medicines covertly (without their knowledge), the provider had followed appropriate procedures to make sure these restrictions were needed. For example, there was evidence of consultation and agreement of other professionals, the person's family and the reasons why the restrictions were needed. These were kept under regular review.
- The staff had received training regarding the MCA and understood about their responsibilities under the Act. The provider had also shared information with families and others, so they could understand this.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service and their relatives told us they were well treated and respected. They had established good relationships with the staff and explained that there was a family atmosphere at the service. Some of their comments included, "The staff are lovely, and nothing is too much trouble for them", "There is a lot of humour around me and that helps me cope", "The staff are always very caring and pleasant, when I need a home I know where to come, I would recommend this place to anyone", "It is always calm and relaxed" and "Visitors are always welcome, at any time."
- Most of the staff had worked at the service for a long time and knew people well. The visitors we spoke with praised this aspect of the home with comments which included, "They do not use agency staff and all the residents and staff know each other, it is like one big family" and "The girls know [person's] needs so well, if [they] get upset, the staff know how to calm [them]. They understand [person's] body language and know what the matter is and how to help." Another visit explained how a person had been unwell a short while before the inspection. They said that the staff had been, "Very open with us, it was easy to communicate with them about [person] and we felt included and knew exactly what was happening."
- We observed staff being kind and thoughtful. They respected people when they interacted with them, offering choices and explaining things in a kind, considerate and caring way. They were attentive when people needed help and spoke with everyone showing genuine affection and concern about their wellbeing. For example, we heard the staff telling people they looked beautiful. When people became distressed the staff apologised (even when they had done nothing to cause the distress), comforted and reassured the person. People responded well to their interventions and signs of agitation were short lived because people were given something positive to focus on. At one point a person needed to be assisted to move using a hoist. The staff showed a high level of empathy and compassion, constantly reassuring the person and recognising and responding to their fear and discomfort.
- The provider had been proactive in developing an environment which was LGBT+ (Lesbian, Gay, Bisexual and Transgender) friendly and welcoming. They had updated their policies and procedures based on recognised good practice and guidance, the staff had attended training to better understand how they could meet the needs of people who identified as LGBT+ and they had created three LGBT+ staff champions who's role within the service included supporting people living there and other staff to feel comfortable to express their identity and to discuss LGBT+ needs. Staff were provided with rainbow badges, which they could wear as part of their uniform if they wanted to. These are a recognised symbol of support and equality

for the LGBT+ community. The staff hoped these would provide an opening for discussion and an indication to LGBT+ people that they could feel comfortable and safe at the service. The registered manager had provided information about the work they were undertaking within the July 2019 newsletter and discussed this at two recent team meetings.

- People living at the service were British and Christian. The provider arranged social activities to help them celebrate their faith and culture. For example, celebrating mother's and father's days, Christian festivals, May Day Bank Holiday, the Queen's birthday and Wimbledon tennis tournament. There were visits from local churches to give communion and hold services.
- There were examples which showed the staff had provided thoughtful care and support where they recognised a particular need. One relative told us that the person living at the service had found it difficult to settle at the service. When the person was younger they had worked as a leader of a youth group. The staff had organised for an individual trip for the person to visit a local youth group and spend time there. The person had appreciated this and enjoyed the experience.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions. People living at the service lacked the mental capacity to make some decisions. But care plans described the decisions they could make and how choices should be offered to them. For example, what they wanted to wear, eat and how they wanted to spend their time. We saw the staff supporting people to make these choices.
- The service found other proactive ways to enable people to express their views. Each person had a key worker who supported them to understand their rights and offer choices. There were regular meetings for people using the service and relatives. At these their views were listened to and they were given information about the service. The activities coordinators had set up a poetry group and people had expressed their views through composing poems. For example, they had recently composed a group poem to celebrate a member of staff's birthday with their views about the staff member. The provider created a quarterly newsletter which was very informative and included links to where people could find useful information. People were given information about local independent advocacy services, so they could access these if they wanted.

Respecting and promoting people's privacy, dignity and independence

- People using the service and their visitors told us they were treated with dignity. They said they were able to make choices about the times they woke and retired to bed. This was reflected in discussions at team meetings. A recent team meeting included a reflective practice session where the staff talked about communication and looked at best practice guidance regarding privacy and dignity. They were provided with a list of example phrases that were non-judgmental. We saw the staff using these in practice. They were mindful of people's need for privacy and always spoke with them in a respectful manner.
- People were supported to be independent where they were able. Their visitors confirmed this, telling us that people were encouraged to make choices and do as much for themselves as possible. We witnessed the staff enabling this by providing the support people needed to be independent. For example, one member of staff asked a person if the potato they were eating was too big and offered to cut it up, so the person would find it easier to eat. People were encouraged to eat and drink independently and were able to take as long as they needed.
- There was a range of equipment and features designed to encourage independence, such as coloured

crochery, audio nooks and large print literature. Information about activities and the menu were displayed so people could make choices about these.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised. They told us that they were happy living at the home and their needs were being met. Their visitors confirmed this, telling us that people's quality of life at the service was good.
- The staff had created individual care plans which recorded their needs, objectives and the support the staff should offer. Care plans were clear and appropriately detailed. They included reference to people's likes, dislikes and preferences. There was a focus on encouraging people to do things for themselves. Care plans included subtle coding for the staff to have quick easy to access information about specific needs, for example high risks, medical conditions, sensory impairments and dementia.
- Care plans linked closely to the assessments of risk. They were recorded on an electronic system which was easy for the staff to access and understand. The staff recorded the care they provided, and this showed that plans were being followed. The system alerted staff when someone was at increased risk, for example their weight had changed or they had not drunk enough.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded and planned for with steps to ensure people were supported to be understood and to understand others. The staff were aware of people who needed glasses or hearing aids and how to maintain these and fit them correctly. The care plans included discreet emoji symbols to highlight if a person had a sensory need so the staff would be aware of this.
- The staff had undertaken training regarding good communication and this was discussed at team meetings. They were also provided with written guidance and posters explaining the principles of the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed two activity coordinators who organised and facilitated a range of group and

individual activities based on people's interests and likes. Activities were well advertised, and visitors were invited to join these. Regular activities included baking sessions, music groups, pampering sessions, visiting pets and animals, games, arts and crafts. People were encouraged to use the garden regularly, and there was an impromptu music quiz held in the garden on the day of our inspection. The staff also took people for walks and trips out.

- There were a range of special events, often themed around a celebration, such as 4 July or cheese and wine tasting. Recently, the staff took a group of people to the theatre to watch a classic film. They recognised that not everyone was able to, or wanted to, go. So they organised for a showing of the same film that night at the service with cinema snacks so that no one felt left out and to encourage shared memories of the event. There was a planned summer barbeque for friends and families to join people and a regular afternoon tea session with a local school who visited.
- The provider ran a day centre which was located next to the home. People from the home were able to access this if they wished and sometimes shared activities with the day centre visitors. Families and friends were welcome to visit the service at any time and were encouraged to be involved. On the day of our inspection, there were lots of visitors. There was a lively atmosphere and a sense of community.
- The provider held regular meetings for people who lived at the service and their families. They also organised a menu and activity planning meeting every three months. The registered manager told us the family meetings had developed into a support group and they recognised that some families found the experience of their relative developing dementia and needing care difficult, and that this peer support had been important for them.

#### Improving care quality in response to complaints or concerns

- People and their visitors knew who to speak with if they were unhappy about their care. They had been provided with copies of the complaints procedure and this was also displayed around the home. The provider had recorded complaints they had received and the action they had taken to investigate and resolve these, which had been appropriate.

#### End of life care and support

- The registered manager told us that they aimed that the service would provide a home for life. Whilst they did not employ nursing staff, they worked closely with the community nurses and palliative care teams. This meant that people were able to stay at the service and received as many visits as needed from nurses. The palliative care team had arranged for anticipatory medicines to be supplied for one person who was unwell. These were medicines that could be administered to provide pain relief if their condition deteriorated.
- The staff had created care plans regarding people's wishes and particular preferences for care at the end of their lives. The staff had been given training in this area and the registered manager had shared the National Institute of Care Excellence, "Care of dying adults in the last days of life" guidance with them.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service and their visitors told us there was a positive culture at the service and likened it to a 'family'. We observed a sense of community and shared respect between the staff and people living at the service. People were able to make choices about their care and they were respected. People were happy and there was laughter, singing and conversations throughout our visit. People confirmed this was the norm. The provider had received a number of cards and thank you letters as well as positive reviews on care home review websites. Some of the comments in cards which had been received from relatives included, "I would like to thank you all so much for the wonderful care. You really changed my life and restored my relationship with [person]" and "Thank you for the love and care – it gave me peace of mind to know how well looked after [person] was."
- The staff valued the input of relatives and friends at the service. We heard the staff listening to and responding appropriately to views expressed by a visitor about someone's needs. The visitor then told us that the staff were very receptive and wanted the best for the person. In a recent newsletter, the registered manager had praised a relative for their voluntary work in the home's garden by thanking them for, "Making our garden look like a display from the Chelsea flower show."
- The staff told us they liked working at the service. They felt well supported and worked well as a team. One member of staff told us, "Everyone helps each other to make sure the residents are happy and have what they need. The manager encourages us to do that."
- The provider made sure people using the service, staff and visitors were provided with a range of information about the provider's mission, aims and objectives and good practice guidance from other organisations.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had suitable policies and procedures, which were regularly reviewed and updated. They had responded appropriately to accidents, incidents, complaints and safeguarding alerts, keeping others informed and learning from things that had gone wrong to make improvements at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and

## regulatory requirements

- The registered manager was also the owner of the company. They had worked at the service before this when it was owned by another member of their family. They had a management qualification and a good awareness of their responsibilities and the regulatory requirements. They were supported by a deputy manager who they described as "fantastic", who had recently been promoted from another role in the service. The deputy manager told us they had learnt a lot from the registered manager and very much enjoyed working at the service.
- People using the service and their visitors knew who the registered manager was and felt happy speaking with them. One person told us, "If I had a problem I know who the manager is and I would talk to him or one of the staff – I would not worry about doing that."
- Staff spoke positively about both managers, explaining that there was good leadership. One member of staff explained, "I know a lot of people say that you can talk to them if you have a problem but the manager here really means it – when I had a personal problem he genuinely wanted to try and help me."

## Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider invited people using the service and other stakeholders to complete surveys about their experiences. The last surveys were undertaken in 2018 and indicated people were happy with different aspects of the service. The provider had analysed their responses and taken action where people had identified a specific area for improvement.
- The provider held regular meetings for staff as well as people using the service and relatives. These included discussions about a number of different topics. They also produced a quarterly newsletter which gave information about legislation and guidance as well as what was happening at the service.
- The registered manager told us that, "In response to feedback from key stakeholders we have implemented a number of new and improved initiatives." These included an admission checklist, menu planning meetings, introducing 'beauty days' and more community-based activities.

## Continuous learning and improving care

- The staff and registered manager carried out a number of audits and checks at the service. These were recorded, and action had been taken when problems were identified. There was evidence of checks by external companies, such as fire safety organisations.
- The provider had a development plan which was regularly reviewed and updated. We saw that objectives set the previous year had been met and there were plans for future improvements and developments, which included improvements to the building.

## Working in partnership with others

- The provider had established links with the local community such as local schools and a library. They also ran a day centre which was open to people living in the local community. The registered manager told us this had been successful in introducing some people to the idea of care and support. The registered manager told us, "It has been a lovely progression for some people who have feared moving [to a residential home]. They just come and try the centre and realise it is homely. It has been a good thing."
- The local authority undertook audits of the service. A local authority representative told us the provider

engaged well with them and attended forums they ran. They said, "[Registered Manager] works really well with our team and is always supportive when we have any meetings where we need provider input." □