

Colville Care Limited

Woodside Hall Nursing Home

Inspection report

Woodside
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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

This inspection took place on 7 and 12 September 2018 and was unannounced.

Woodside hall Nursing 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 home is registered to provide accommodation and nursing or personal care for up to 41 people and there were 38 people living at the home at the time of the inspection. Woodside hall Nursing Home is a detached property in a rural location. It is an older residential property which has been extended and adapted to be suitable as a care home providing nursing care. There were two passenger lifts so people can access the first floor and corridors had sloping floors rather than steps for those with mobility needs. All bedrooms were single rooms and most had an en suite shower room or en suite WC. Communal areas included three lounges and two dining rooms. An enclosed courtyard garden was fully accessible for people and extensive gardens surround much of the property.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People and visitors found staff to be exceptionally kind and caring. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's individuality, privacy, dignity and independence. The home had an open, friendly atmosphere in which people, visitors and staff were encouraged to make their views and opinions known.

The provider had arrangements in place to protect people from risks to their safety and welfare. Arrangements were also in place to store medicines safely and to administer them according to people's needs and preferences. People were supported to access healthcare services, such as GPs and community nursing teams. At the end of their lives people received the care they required to remain comfortable and pain free.

Staffing levels enabled people to be supported safely and in a calm, professional manner. Recruitment processes were followed to make sure only workers who were suitable to work in a care setting were employed. Staff received appropriate training and supervision to make sure they had the skills and knowledge to support people to the required standard. Staff were aware of the need to gain people's consent to their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The arrangements included processes and procedures to protect people from the risk of abuse.

People were supported to eat and drink enough to maintain their health and welfare. They could make choices about their food and drink, and meals were prepared appropriately where people had particular dietary needs.

Care and support were based on plans which considered people's needs and conditions, as well as their abilities and preferences. Care plans were adapted as people's needs changed, and were reviewed regularly.

People could take part in leisure activities which reflected their interests and provided a high level of mental and physical stimulation. Group and individual activities were available if people wished to take part.

Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. The provider acted where these systems found improvements could be made.

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 continued to be safe.

Is the service effective?

Good ●

The home continued to be effective.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People, relatives and professionals all gave glowing accounts of staff's caring and compassionate attitude.

Individualised care for people was promoted and embedded into everyday practice. Staff were highly motivated and offered care and support that went the 'extra mile'.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

All staff ensured people's privacy was protected and confidential information was kept securely.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well-led.

Woodside Hall Nursing Home

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 7 and 12 September 2018 and was unannounced. It was completed by one inspector, a specialist advisor in nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 13 people who used the service and eight family members or friends of people who used the service. We spoke with the registered manager, the provider's nominated individual, a director of the provider, four registered nurses, seven care staff, an activities coordinator, an administrative assistant, a maintenance worker, kitchen staff and two housekeepers. We received feedback from two health care professionals who had contact with the service.

We looked at care plans and associated records for six people and records relating to the management of the service, including: quality monitoring audits, duty rosters, staff recruitment files, accident and incident records and maintenance records.

We observed care and support being delivered in communal areas of the home.

Is the service safe?

Our findings

The service continued to be safe.

People continued to feel safe. One person said; "They look after you here, that makes me feel safe." Relatives also felt people were safe. When asked if they felt their relatives were safe one visitor responded "Yes, I certainly do, the staff are quite simply marvellous, all of them without exception. My mother has complex needs associated with Vascular Dementia; unfortunately, it has left her with significant mental health issues. This place is amazing, everything is outstanding. I can't praise them enough." Another visitor said of their relative, "I have no reason to doubt her safety."

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One staff member told us "I would report any concerns first to my team leader or the nurse or, depending what it was to [name of registered manager] I know they would take any necessary action but I could also report to you (CQC) or safeguarding". Another staff member said, "If I was concerned I would go to [name of the registered manager]". The registered manager explained the action they would take if they had a safeguarding concern. The action described would ensure the person's safety and help reduce the risk of any further concerns.

Individual risks for people were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. Staff had been trained to support people to move safely and we observed equipment being used in accordance with best practice guidance. Staff explained the risks related to individual people and what action they needed to take to mitigate these risks.

Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. For example, where people had fallen, comprehensive assessments were completed of all known risk factors and additional measures put in place to protect the person where possible. All incidents and accidents were reviewed monthly with the management team to identify any patterns or trends and act to mitigate these.

People were supported to receive their medicines safely. People told us they received their medicines as prescribed. One person told us, "They always sort the medicine correctly and tell me what they are giving me to take." Appropriate arrangements were in place for obtaining, safe storage, recording, administering and disposing of prescribed medicines. Medicine administration records included specific instructions where people had swallowing difficulties and liquid medicines were available for these people. Records relating to the administration of medicines were accurate and complete. Nursing staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure

they had the skills and knowledge to administer medicines safely.

There were sufficient numbers of staff on duty to meet people's needs. People told us staff were available when they needed them. One person said, "Staff are obliging; anytime you want them they come, day or night". A visitor told us "There are always staff around". The registered manager told us that staffing levels were based on the needs of the people using the service. They described how the provider trusted them to use the staffing budget flexibly to provide more staff at times when these were required. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences, such as those due to staff sickness, to be managed. Staff were not rushed and were able to respond to people's requests for assistance in a timely manner. Staff felt that the staffing levels were suitable to meet the needs of the people. Staff comments included, "There are enough staff" and "On most days there are enough staff, the manager or deputy will also help if needed".

The provider had a safe recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All the appropriate checks, such as references, full employment history and Disclosure and Barring Service (DBS) checks were completed for all the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. A staff member confirmed that they were unable to start work at the home until their DBS had been completed and references from previous employers received.

People were protected from the risk of infection. The premises and the equipment were clean with schedules in place to ensure all areas were cleaned at regular intervals. Staff followed the provider's infection control procedures to prevent and manage potential risks of infection. Colour coded equipment was used along with personal protective equipment (PPE). PPE equipment, such as aprons and gloves were available and used by staff.

There were clear emergency procedures in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. People had personal evacuation plans in place detailing the support they would need in an emergency. Nursing staff had also undertaken first aid training and could correctly describe the action they would take in an emergency. Emergency equipment was available should this be required. An emergency call bell system was located within all areas of the home meaning staff could communicate with other staff and get support promptly if required in an emergency.

Is the service effective?

Our findings

The service continued to provide effective care.

People said that the staff knew their needs well. Relatives felt people received an effective service and health and personal care needs were being met. One visitor said, "The staff seem very capable and well trained." Another visitor said "The staff seem well trained and there is an air of quiet competence. I get great confidence from this."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme which included shadowing experienced staff and undertaking the Care Certificate. This sets the standards people working in adult social care need to meet before they can safely work unsupervised. Records showed staff were up to date with essential training and this was refreshed regularly. One staff member said, "We get lots of training and the training is really good". Another staff member said, "The training is very, very good".

Staff were supported appropriately in their role. They were supervised and received a yearly appraisal with the registered manager. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. An on-call system provided staff with access to a member of the management team when one was not immediately available in the home. Staff said they felt able to approach the registered manager or the provider's nominated individual if they had any concerns or suggestions for the improvement of the service.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. People told us that staff asked for their consent when they were supporting them. One person said, "They always ask". Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Everyone has the right and choice to make their own decisions. If they say they don't want care at a particular time we try again later." People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found Woodside Hall was meeting the requirements of DoLS and systems were in place to renew these when necessary.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record gave guidance for staff on how best to support them with swallowing difficulties. Nurses were confident that care staff would report any changes in people's care or needs to them as soon as they occurred meaning they could take prompt action to ensure people's needs were effectively met.

People told us staff knew how to care for them and told us their health and personal care needs were met. A

visitor told us "Mum's clothes are always immaculate; she has her hair and nails done every week. Her medical needs are managed faultlessly." People were supported to maintain good health and staff accessed appropriate healthcare services when required. Records showed people had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes of consultations were recorded in detail showing staff identified medical needs and sought appropriate treatment promptly. Where people had specific needs in relation to their health there were systems in place to ensure they received the necessary care they required.

Everyone was complimentary about the food. When asked about the meals one relative said "The catering is excellent, and moreover, she can have a snack or a drink anytime night or day." People received appropriate support to eat and drink enough. Staff supporting people to eat their lunch, did not rush them with their food and spoke with them gently during the whole process. People were offered varied and nutritious meals which were freshly prepared at the home. Alternatives were offered if people did not like the menu options of the day. Drinks were available throughout the day and staff prompted people to drink often. Special diets were available for people who required them and the chef was aware of people's special dietary needs and described how they met these. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight.

The environment was very well maintained and appropriate for the care of older people with nursing care needs. Decoration had taken account of people's needs and included hand rails of contrasting colours to walls. Signs were available to help people or visitors navigate around the home and find essential rooms such as WC's. People had unrestricted access to a courtyard garden which was safe, fully enclosed and provided level access and various seating options. Staff used technology to enhance people's care and promote independence. The registered manager had attended an exhibition of care equipment and spoke about a new movement safety alert they had purchased which they could personalise with individual messages to help reduce risks of people falling.

Is the service caring?

Our findings

The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. One person told us "All the staff are, without exception, marvellous. I am not always the most sociable person these days, I think I have come to be rather reclusive. The staff are so kind and helpful that I now really look forward to their visits to see me every day". Another person said "Since I have been here, all my worries have gone away. The staff are all so good I can't find the words to express how kind they all are to me, everything is perfect. I get anything I want at any time night or day."

Visitors also told us how they felt the service was exceptionally caring. One relative who had previously worked in a community healthcare role told us "I visit every day and am here for most of the day, I can tell you that I see it all. This place is quite simply outstanding. The staff here are exemplary in all respects; they are kind and caring, there is not a single criticism to be made." Another relative said "[My relative] has developed a really good relationship with all the staff who care for her, they are genuinely kind and caring. I am satisfied that anything [my relative] needs, or anything we wanted for her would be done." When asked for any specific examples they continued "How long have you got. Birthdays, Christmas, other special occasions, there is always something being done for her. She is never patronised, always the centre of unfaltering kind attention from the key worker on duty, or any other staff member for that matter on any day we have been here."

Staff showed a high level of compassion and kindness to people. For example, one person told us "I only have to use the call bell; they arrive instantly and help me in a respectful and compassionate manner. I have never felt patronised, and I could not have imagined having care given as it is here in such a considerate way. They always have sufficient time to spend just talking to me, apart from my care needs." A relative told us "They always go that extra mile. They have found things for her in her daily life that give her a sense of purpose, and always go above and beyond in all aspects of her care." They added "I can go away from here without the slightest worry that she is not as happy in life as I can make her." Another relative reflected this view saying, "I can assure you that I am comfortable with my [relative] being here, I have absolutely no concerns whatsoever about any member of staff or the way the place is run."

Staff routinely went the 'extra mile' such as visiting people on their days off, visiting people in hospital to assist them with their meals and staying on after their shift had finished to sit with people when they were approaching the end of their lives. A staff member explained how they would undertake small items of shopping for their key person on their days off and would regularly bring in little 'treats' for the person purchased by themselves. For example, they told us they had been out shopping on a day off and seen some of their key person's favourite sweets so purchased these for them as a surprise treat. They said the person had been really happy when they received these. A visitor told us "There are countless examples of how they go the extra mile; it is in the culture here." The home's caring culture contributed to a warm, calm, happy and positive atmosphere which relatives commented upon.

To achieve consistency in care staff the home was divided into four areas each covered by a specific care staff team. This supported staff to develop caring relationships with people and meant personal care was

provided by staff who people had got to know and with whom they felt safe and at ease. This also helped ensure staff knew people's individual preferences and wishes as to how their care should be provided and ensured staff noted any changes in the person's physical or mental wellbeing.

Woodside Hall valued people and encouraged them to be actively involved in the home promoting a positive sense of wellbeing. For example, one person had expressed to the registered manager that they did not feel they had a purpose and wanted to "be one of the staff" and "help others". In response, the person was supported by activities staff, administration and catering staff to help organise regular tea parties; including writing invitations and ordering favourite cakes from the kitchen. Giving the person, this responsibility improved their self-esteem and sense of purpose. As a result, the person's mental and physical health improved and they became more concordant with medication and their general mood stabilised. Another person had been supported to maximise their mobility by having a wheelchair they could move themselves around the home in providing greater independence and a feeling of achievement.

Visitors identified that the home's management was a contributing factor to their very high level of satisfaction with the service. At Christmas the management team provided keyworkers with a small budget to purchase individualised gifts for people. We were told the gifts brought many smiles to people and demonstrated how well staff had understood people's preferences. This demonstrated that the providers and staff valued relationship based care. Keyworkers are named members of staff who have specific responsibilities for named people. One visitor told us "I have been in senior management all my working life. The level of excellence is self-evident in this place and comes straight from the top. I can't think of anywhere else that I would want [my relative] to be". A relative identified that the caring approach was reflective of the home's management team. They told us "I am convinced it (the caring approach) comes from the way the place is managed; as a case in point, the training and mentoring of any new recruits, when inducted, is truly impressive. They are taken under the wing of one of the more experienced members of the team, the transformation is remarkable. The method is self-perpetuating."

Woodside hall had a strong, visible, person-centred culture which extended to all staff. The service encouraged people to express their views so that all staff understood their preferences, wishes and choices. Throughout the inspection we saw staff constantly asking people if they wanted a drink or snack throughout the day. Staff were also seen enquiring if people would like a different channel on the television or radio. Within bedrooms we saw a variety of television and music playing, showing peoples preferences were being considered and met. In several rooms we saw beds had been positioned so people who remained in bed could enjoy views from their windows. Bird and squirrel feeding stations had been positioned outside bedrooms on the ground floor to encourage wildlife for people to enjoy watching. This showed staff considered how they could enhance people's daily life on a day to day basis. One person told us "The staff always encourage me to join in and I do sometimes, but I think I prefer to remain in my room most times. The girls [staff] never make me feel I have to go and they always give me the programme of activities on offer. I also prefer to have my meals in my own room, they just arrange things in any way I want." A visitor said "I visit every afternoon and I know that the staff treat her with kindness and respect. She has to have a pureed diet and acidic food affects her taste; the chef goes to enormous lengths to ensure that her food is not only nutritional for her but looks and smells attractive too."

The management team and staff demonstrated a real empathy for the people they were caring for. The registered manager was working with the local NHS hospital to develop a trusted assessor policy and assessment form which would enable a quicker discharge back to the home for people who had been admitted to hospital and subsequently required end of life care. This would help ensure that, wherever possible, people would be able to be cared for in a familiar place at the end of their life. Care plans contained a high level of detail about people's known life histories, preferences and who and what was

important to them. Staff had a good understanding of the care plans, which enabled them to provide care in a person-centred way. Staff could tell us about individual people including information about their life histories and preferences. Plans and information were used dynamically to help staff communicate with people about things and people they valued. For example, one relative confirmed they had been involved in the formation of a person's care plan and added "We also receive regular updates about her condition and mood. They are always proactive, we don't have to constantly ask how she is; we are not met with any unexpected surprises, it is always a positive experience and a pleasure to visit". Throughout the inspection all members of the inspection team witnessed all staff talking with people and encouraging conversation about their family experiences and matters of significance in their lives. People, visitors and staff felt respected and listened to.

People could decide who provided their care and support. A person told us they had been asked if they would prefer male or female staff and although they had no preference they were sure this would be met if they had expressed a particular wish. A staff member told us that some people did have a preference and this was met by swapping staff around if needed. If people had a hospital appointment team leaders would ascertain if they had a preference as to which staff supported them and ensured this happened. The registered manager told us a person had expressed the wish to have a member of the housekeeping team with them as they approached the end of their life. The registered manager told us they had discussed this with the staff member concerned who had said they wanted to be with the person as this was their wish. The staff member's usual duties had been covered by other staff and they had been able to sit with the person. Support had also been provided for the staff member. A member of staff told us "If someone is dying we are able to stay with them; other staff know this is important so we all just cover each other's work so it's possible". When a person was approaching the end of their life, relatives were made welcome and could stay for as long as they wished.

The exceptionally caring ethos was extended to people's relatives and to staff. People's relationships with family and friends was encouraged and staff ensured family members were kept up to date with events that had occurred for their relative. One relative told us how staff always made time to ask how they were when they visited. We saw staff knew visitors by name and welcomed them on their arrival. Visiting, including pets such as dogs, was unrestricted. Woodside Hall had several communal lounges to enable residents to exercise choice of where to be in the home and could be used to enable people to receive visitors in more private areas and not just in their bedrooms.

Staff ensured people's privacy was protected by speaking quietly and keeping doors closed when providing personal care. Relatives stated that staff always maintained their family member's privacy and they had not witnessed any concerns with privacy or respect from staff interactions with other people. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

The registered manager was aware of how and when to contact advocates. They described how advocates had been used to help ensure appropriate decisions were made for people where they were unable to make these decisions themselves.

Is the service responsive?

Our findings

Woodside Hall continued to be responsive.

People were provided with personalised care. Initial assessments of people's needs were completed using information from a range of sources, including the person, their family and other health or care professionals. Care plans contained information about people's life history, preferences, medical conditions and any individual needs. They each contained a description of the individual care people required, covering needs such as washing, dressing, bathing, continence, nutrition and health needs. Where able, people had signed care plans which demonstrated that they had been involved in the planning of their care. Where people lacked capacity, relatives had been involved in care planning. Reviews of care were conducted regularly by nursing staff and involved the person or their families as well as keyworkers. A visitor said, "I attended a review meeting, I am involved and they always tell me what is going on". As people's needs changed, care plans were developed to ensure they remained up to date and reflected people's current needs.

Staff used the information contained in people's care plans to ensure that care provided met the individual needs of the people. A health professional told us the home contacted them appropriately and followed guidance and recommendations they made. Staff had a good awareness of people's needs and daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff could describe the care and support required by individual people. For example, one care staff member described the support a person required with their personal care and when mobilising. This corresponded to information within the person's care plan.

At the end of their lives people were supported to have a comfortable, dignified and pain-free death. People's wishes in respect of end of life care were explored with them or where appropriate with relatives or others who knew them well. This was documented in care plans and helped ensure any social, cultural or religious practices would be observed. At the time of the inspection several people were receiving end of life care. We found they were receiving appropriate care to ensure they were comfortable and pain free. The service also supported the family and friends of people receiving end of life care. All staff were trained in end of life care and Woodside Hall had close links with the local hospice.

Opportunities for mental and physical stimulation were provided by activities staff and visiting activities providers. People told us there were always activities available and that they enjoyed these. One person said, "There is always activities I can join in with." Throughout the day various activities were provided. The activities co-ordinator was very visible throughout the day, with people undertaking a singing and exercising activity in one of the communal lounges. People were clearly enjoying the activity. At other times people were supported to undertake individual activities such as art or games. These were tailored to meet the needs of people participating and provided people with worthwhile activities.

People were provided with information about how to complain or make comments about the service through information provided to them during the admission process and information at the entrance of the

home. Relatives and people told us they had not had reason to complain, but knew how to if necessary. They said they would not hesitate to speak to the staff or the registered manager who they said they saw regularly and was very approachable. The registered manager told us how they had responded following a concern being raised about the availability of food for a person with individual dietary needs. They and the chef had met with the person to produce an individual menu and further reviewed and improved the menu available for all people. Should complaints be received there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint.

Is the service well-led?

Our findings

The service continued to be well-led.

People liked living at Woodside Hall and felt it was well-run. A visitor told us "I am really satisfied with every aspect of the service here; the staff and manager are marvellous. I can't tell you how much comfort this gives to me and the family." A person told us "I think it is wonderful here, absolutely nothing is too much trouble. I feel completely safe here, the food is excellent, it is just like living at home with first class service."

Woodside Hall is family owned and the directors were actively involved in the day to day and ongoing management of the service. The nominated individual (provider's legal representative) had a nursing background and was knowledgeable about people and their needs. They were actively involved in local statutory and voluntary organisations to improve health and social care within the Island community. A second director was actively involved in ensuring the environment and facilities at Woodside Hall were well maintained and safe for use. There was an open positive working relationship between the directors and the registered manager.

The service had a registered manager. 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. The registered manager said they wanted people to feel able to "be themselves". They added that "People should be able to call here [Woodside Hall] their 'home' and not just a place they are staying in." These values were reflected in how people received a service. Care staff told us the home's values were to ensure everyone received the best possible care and that they were happy. All staff stated they would be happy for a family member to receive care at Woodside Hall.

There was a management structure including a deputy manager, registered nurses who took lead for decision making on shifts and team leaders who organised care staff and ensured people received the personal care they required. Each understood their roll. Staff told us there was good motivation amongst staff and all would help each other out where ever required. They told us the registered manager would cover shifts or assist with tasks when required. Staff said they felt able to approach the registered manager and other members of the management team should the need arise. All staff said the home's management was encouraging, fair, open, caring and they [staff] felt valued and part of a team.

The provider's and registered manager's attitudes contributed to the open and supportive culture within the home. The provider and staff worked in partnership with other health and social care agencies to ensure a coordinated approach to care. The provider notified CQC of all significant events and the home's previous inspection rating was displayed prominently in the home's entrance hall. There was a duty of candour policy in place which required staff to act in an open way if people came to harm. The registered manager was clear about how and when it should be used. A whistleblowing policy was in place that was available to staff across the service. Staff were aware of the whistleblowing policy and said that they would have no hesitation

in using it if they saw or suspected anything inappropriate was happening.

The provider and the registered manager monitored the quality of the service provided. A range of audits were conducted including infection control, medicines management and around the day to day running of the service and its environment. The provider and registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Findings from audits were analysed and actions were taken to drive continuous improvement. For example, an infection control audit had identified improvements were required in the home's laundry room which was not suitably arranged and did not have a separate wash basin for staff hand washing. The providers were exploring options within the constraints of the building to address these issues. The provider had a contingency plan to deal with foreseeable emergencies.

Records were well maintained, secure and confidential. The provider was aware of the recent legislation regarding access and retention of personal data on staff and people called General Data Protection Regulation (GDPR), which was effective from May 2018. Specific policies and procedures were in place to ensure compliance with this legislation.