Woodlands & Hill Brow Limited

Woodlands

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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?	Outstanding ☆

Summary of findings

Overall summary

About the service:
Woodlands 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. Woodlands can accommodate a maximum of 40 older people in one adapted building. At the time of our inspection there were 37 people living at the home, some of whom were living with dementia.

The home had a registered manager. A registered manager is a person who has registered with the 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.

People's experience of using this service:
People received exceptionally high quality care from staff who were passionate about delivering personalised care in a dignified and respectful way.
Without exception everyone we spoke with told us staff were professional, compassionate and caring.
The provider's philosophy of care placed people at the heart of the service. People and their families' experience of care and wellbeing was enhanced by staff who had fully embraced this philosophy and frequently went above and beyond what was expected of them.
The home was extremely well led by a management team who had a clear, positive and open culture, which encouraged engaged and feedback from people, their families and staff.
Without exception family members were extremely positive regarding the care and support they and their relatives received at the end of their life.
People received care and support in a home that was safe. Risks related to their healthcare needs and the environment, the management of their medicines and infection control were all managed safely. Staff had received training in how to safeguard people and knew what action to take if they had any concerns.
There was enough staff to meet people's needs and ensure they had enough time to engage with people in a sociable and unhurried way.
People were cared for by staff who felt supported by their managers and had received training focused on the needs of the people they were supporting.
People's rights and freedoms were upheld. Staff acted in the best interests of the people they supported.
People were empowered to make their own choices and decisions, and were involved in the development of their personalised care plans.
People were supported to live healthier lives; they were supported to have regular access to healthcare professionals; and their nutritional and hydration needs were met.
The provider was fully engaged in the running of the home and there were effective management processes in place to monitor and improve the quality of the service.
The provider and senior managers were fully committed to working with other organisations in the development of high quality care within the home and sharing ideas and best practice.

The home has been rated Outstanding overall as it met the characteristics for this rating in two of the five key questions. More information is in the full report, which is on the CQC website at: www.cqc.org.uk

Rating at last inspection: The home was rated as outstanding at their last full comprehensive inspection, the report was published on 9 November 2016.

Why we inspected:
This was a planned inspection based on the previous inspection rating.

Follow up:
We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated as outstanding.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Woodlands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by an adult social care 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. The expert by experience had experience of older person care and people living with dementia.

Service and service type:
Woodlands 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.

Woodlands accommodates up to 40 older people, some of whom are living with dementia, in one adapted building. The building offers accommodation over two floors. There were a number of shared areas within the service, which afforded people choice to pursue activities individually or in small groups.

The service 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:
The inspection was unannounced

What we did:
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.

During the inspection, we gathered information from:
six people using the service, some of whom were unable to answer complex questions; seven family members; and two health care professionals.
Four people's care records, records of accidents, incidents and complaints, audits and quality assurance reports.
The registered manager, two of the directors, the general manager, HR manager, residents' liaison manager, the chef, a kitchen assistant, two members of the house keeping staff and four care staff.

Good

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 good. At this inspection this key question has remained the same, good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe, while being supported at the home. One person said, "Yes, I feel safe living here. The staff look after me well."
• Family members said they felt happy that their relatives were being cared for in a safe environment. One family member told us, "They keep mum safe. She has dementia and she also had falls. Her being here gives us peace of mind. It's the best thing we ever did."
• People were safeguarded from abuse and neglect by staff who had received training and understood what actions to take to protect people. One member of staff told us, "If I was concerned I would tell the staff and go to the office. If no action [was taken] I would go to [the provider]." Staff were also aware of the provider's whistleblowing policy and how to contact outside agencies if they were concerned. A health professional told us, "From what I have seen the home is safe. I have never had any concerns regards to their [people's] safety."

Assessing risk, safety monitoring and management
• Support was delivered in ways that supported people's safety, welfare and choice. Assessments were person centred and identified risks from people's care, the home environment and healthcare conditions they were being supported with. For example, there was a risk assessment in place for a person who had chosen for staff not to carry out welfare checks during the night as it disturbed their sleep.
• Where risks relating to people who occasionally displayed behaviour that staff or other people may find distressing were identified, a positive behavioural plan was put in place. This plan identified triggers for the behaviours, early warning signs and the action staff could take to support the person and reduce the risks posed by their behaviour.
• Staff were provided with clear and detailed information about how to support people safely. In addition to specific risk assessments, such as the risk of falls or risk of pressure related injuries, the identification of risks and the action to mitigate those risks were integral within people's care plans. For example, the nutritional care plan for one person identified that they occasionally ate with their fingers. The care plan guided staff to ensure the person washed their hands before and after each meal.
• Fire safety checks were completed appropriately; people had personal evacuation plans in place to guide staff on how to support them if they needed to be evacuated in an emergency.
• Contingency plans were in place to ensure the home kept running through adverse weather conditions. We heard about measures the provider had taken to support staff to travel to and from the home during previous adverse weather.

Staffing and recruitment
• There were sufficient numbers of suitable staff to support people safely according to their needs. People

and their families told us that they felt that there were enough staff to meet their needs. One person said, "My family made me come here because they wanted me to be safe. It's alright, I decide what I want to do and when, there's always lots of staff around and they are always friendly." A family member told us, "I never have to go looking for someone, when I come in whoever I speak to seems to be able to tell me how [my relative] is, where she is, and what she's been doing. There's always staff in the lounge area."
• The registered manager used a staffing and dependency tool for guidance on the number of staff required and staff rotas showed planned staffing levels were being achieved. The general manager told us the home did not use agency staff and any short term absences were covered by overtime or staff from one of the provider's other homes. A family member said, "There always seems to be a good ratio of staff to residents, and they are regular staff not agency, so they know everyone."
• The provider's recruitment process was robust and included the necessary checks to ensure candidates were safe to work with the people in the home. The HR manager explained the recruitment process, which included potential recruits spending time visiting the home and being observed on how they interacted with people.

Using medicines safely
• People received their medicines safely, according to their needs, choices and as prescribed. We observed staff supporting people to take their medicines. The member of staff brought each person their medicine, they squatted down to make eye contact, explained what the medicine was before offering it to the person. They then offered the person a drink and ensured the medicine had been taken before leaving.
• People received their medicines from trained staff who had their competency checked.
Staff administering medicines were required to initial the medicine administration record (MAR) chart to confirm the person had received their medicine. The provider had a system of daily checks to ensure MAR records were completed correctly and people had received their medicine as prescribed. All the MAR charts we looked at were accurate, complete and up to date.
• There was guidance available to staff in respect of 'as required' (PRN) medicines, such a paracetamol for pain relief. Where people were unable to verbally communicate that they were in pain, staff used a recognised pain assessment tool to help them understand when pain relief should be given.

Preventing and controlling infection
• People lived in an environment that was clean, with no odorous smells and well maintained throughout.
• The provider had policies and processes in place to reduce the risk of the spread of infection. A member of staff had been identified as the infection control lead for the home, who was responsible for overseeing the home's management of infection prevention and cleanliness.
• Staff received training in infection control and food hygiene. They had access to personal protective equipment (PPE), such as hand gel, disposable gloves and aprons. During the inspection we observed staff wearing their PPEs when appropriate.
• A health professional said, "The home is always very tidy and clean. I have never been aware of a problem with smell."

Learning lessons when things go wrong
• The general manager and registered manager reviewed all safeguarding reports, accidents and incidents to identify trends and any lessons to prevent reoccurrence.
• The provider was also able to view accidents and incidents across all of their homes and identify patterns and opportunities for improvements to people's care. For example, following a series of urinary tract infections (UTI), a specific UTI strategy was developed, which included the introduction of smaller drinking jugs for people and jelly shots to encourage people to increase their oral fluid intake. In addition, there was a review of the infection control training. The general manager also developed UTI flow charts as a guide to support staff to understand the symptoms of a UTI and the action to take when one was identified. The use

of the chart had a positive impact in reducing the number of UTIs within the home. The UTI flow charts were shared at a local provider event and are now being used by other providers.

Good

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, good. 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
• People's needs were assessed prior to them moving into the home. The information gathered included people's health care needs, preferences, backgrounds and personal histories. This ensured that the home was able to meet their needs and provided staff with the information necessary to allow them to understand the people they were supporting. A family member told us, "They did an assessment of needs for both my parents when they first came in and I felt it was very thorough."
• The provider and management team regularly attended forums and national events to maintain their knowledge and ensure that people were supported in line with the latest legislation and national guidance. For example, during the inspection process the general manager attended the Alzheimer's society annual conference. The general manager told us they used a range of opportunities to embed this information and good practice to their organisation, such as training events, team meetings and informally during visits to the home. How was the manager planning to share this information with staff?

Staff support: induction, training, skills and experience
• People received care and support from staff who were well trained, knew them well and understood how to support them. One person said, "I think they [staff] are really good. I don't need a lot of help myself but there's some very poorly people here and when you see the way they manage them, it amazing." A health professional said, "Staff appear confident and know what they are doing."
• Staff completed a thorough induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Each new member of staff was required to complete a three month new starter pack, which included, personal development objectives, core training, shadowing more experienced staff, policies and procedures. A member of staff told us, "When I first started it was all planned for me [my training] Now it is my responsibility to check when it [my training] runs out."
• The general manager told us that all training was face to face, both in the provider's classroom and in small groups within the home. At the end of each training session staff were required to give two examples of where they have put the training into practice. This helped to assure the provider that staff were able to apply learning from training into their everyday working practice.
• Staff were supported to engage in training focused on the needs of the people they supported. For example, they received a training programme in understanding and supporting people living with dementia and behavioural management. A member of staff said, "Training is focused on the people here, which is really helpful. The training is very good; we do dementia, diabetic and stroke awareness training." Another member of staff told us, "Every year there is plenty of training. It is definitely good training it really helps me, especially the dementia training, so I understand their [people's] situations."

• The registered manager had an effective system to monitor that staff training and competency checks were up to date.
• Staff told us, and records confirmed that staff were supported in their roles and had regular supervision and one to one meetings to discuss their care practices and development opportunities. One member of staff said, "I have regular supervisions. If I have any concerns I can ask then, but they are open, so I can ask anytime."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have enough to eat and drink. The dining tables were neatly set with cutlery, napkins and glasses and mealtimes were a social event. A staff member said, "Some people need support, more prompting and encouragement and we try to make sure meal times are a sociable occasion for them."

• Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration. At lunch people were offered water, juice or wine with their meals; between meals drinks and snacks stations were available in the lounge area for people to help themselves. Staff encouraged people to drink throughout the day, offering a drink whenever they stopped to speak to them.
• People were involved in developing the menu, which was discussed as part of the monthly residents' meeting. Where people did not want the menu option available, they were offered an alternative by the chef.

Staff working with other agencies to provide consistent, effective, timely care
• The service worked closely with other agencies to maximise the support and care people received.
• The general manager told us they worked in partnership with district nurses, pharmacies, GP's, social workers and other health and care professionals to meet people's needs, we saw evidence of this in peoples care files.

Adapting service, design, decoration to meet people's needs
• The home was an adapted house located in a residential area and designed and adapted to meet needs of older people living with dementia. For example, effective lighting, including good use of natural light; plain coloured flooring; corridors were wide enough for easy wheelchair access; and handrails painted in a contrasting colour to the walls to help people see them.
• The layout of the home was straightforward with the large communal areas at the centre of the home to make them easier for people to access. There are a number of communal areas including two smaller lounges for people who wanted to have some quiet time. There was a secure garden and enclosed courtyard garden to enable people to enjoy going outside in a safe environment.
• People's bedrooms were personalised with items they had brought with them and pictures they had chosen. Where people moved between services owned by the provider, staff took a picture of their original room to try and duplicate the environment, so their move was less traumatic.

Supporting people to live healthier lives, access healthcare services and support
• People were supported by staff who knew them well and understood their healthcare needs. One person said, "I have this problem with my leg and they got in touch with the nurse and she comes in and changes all the dressings and what have you. Nothing passes them by."
• GPs and community nurse held separate clinics at the home on a weekly basis to ensure people's health care needs were meet in a timely way. A family member told us their relative had, "had a few falls since he's been here but they phone me straightway and tell me. The doctor comes in every week so anything of any concern health wise is dealt with quickly and I get regular updates once a month."
• A health professional said, "I always find the staff very receptive and welcoming, and they always give me

whatever I ask for, they will also contact me if they are concerned about anything, which means I tend to know what is happening very quickly."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. During the inspection we observed staff engaging with people and seeking consent before providing any support. For example, before supporting a person to mobilise.
• When people could not make a decision, staff completed a mental capacity assessment and the best interest decision making process was followed and documented.
• DoLS applications had been made when required. No one had conditions associated with their DoLS authorisation.

Outstanding ☆

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 now improved to outstanding. 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
• There is a strong, visible person-centred culture. The provider had a philosophy of care called 'The Sunflower Approach' which puts people at the centre of the service delivery within the home. The approach is built on three strands, Loyalty, ensuring the quality of life of people; Adoration, celebrating and the uniqueness of getting old; and Longevity, developing a model of care which is centred on the individual and their personal needs on their journey at the home.
• The provider positively supported staff to be fully engaged in delivering their model of care, ensuring that staff in all roles were highly motivated and encouraged to deliver care and support that was exceptionally compassionate and kind. The general manager provided a number of examples where staff had fully embraced this approach putting people first and at the centre of what they do.
• For example, a member of staff demonstrated real empathy for a person who was living with dementia and struggling to come to terms with the loss of his wife. They spent time with them developing a relationship and finding out about the personal history. They identified that their previous military background was very important to them. The member of staff was then supported by the provider to visit the person regularly with one of their relatives' who was in the same military regiment, sitting and talking to the person and sharing their military experiences.
• The general manager told us the member of staff had been awarded the provider's sunflower award in recognition of, "how she cares for her residents as if they were part of her own family and integrates her own family life with the residents bringing meaning and richness to their day."
• Other examples included a member of staff who became aware that prior to moving into the home a person had always loved to go to the local coffee shop with their family. The member of staff arranged to regularly take the person out to their favourite coffee shop with members of her own family. This provided a positive experience for the person and enriched their life.
• During the inspection we saw many other occasions when staff were particularly sensitive to times when people need caring and compassionate support. On one occasion a member of staff was busy trying to clear up the dining area following an activities session, so it would be ready for lunch. They were approached by a person who looked concerned and disorientated. The member of staff immediately stopped what they were doing and engaged them in conversation. They clearly knew the person well and their personal history, talking about a hobby the person had previously been involved in. The member of staff's focus was totally on the person, they did not attempt to rush the conversation, valuing the person's contribution to the conversation and positively enhancing their wellbeing. It was clear from their expressions that the person enjoyed the conversation and was more relaxed.
• Staff respected people and valued their individuality and the uniqueness of their life experiences. In line

with the 'adoration' aspect of the provider's philosophy staff developed meaningful relationships with people supporting and encouraging them to maintain their life interests. For example, for one person, music was an important part their life before moving to the home. The provider had a piano placed in the lounge area of the home. Staff encouraged and supported the person to play when they wanted; and to enhance their wellbeing by entertaining the other people in the home. During the inspection we saw the person playing the piano, this was impromptu and other people and staff in the lounge joined in and sang along to the songs being played. We saw from their expressions that the person was enjoying entertaining people and the other people were having a good time.

• Another person who had previously been very actively involved in doing charity work and things for other people, was supported to organise and run a 'knit and natter' group within the home. The person encouraged other people to join the group, which knitted blankets for the Salvation Army.

• Staff developed strong caring relationships with the people they supported. People's families told us how staff regularly embraced the 'longevity' aspect of the provider's philosophy going the 'extra mile' to ensure their relatives received exceptional care. One person in a letter to the provider described how she and her relative were supported by the registered manager. Their relative was nearing the end of their life and the family member wanted to spend their last Christmas together in her family home. However, they did not have any access to suitable transport because of their relative's mobility needs. The registered manager then offered to transport the person in their own car. The family member described the impact of this support, "I burst into tears at this point with relief. Here was someone who not only understood but was offering genuine practical support." They added "As arranged on Christmas day [the registered manager] brought [my relative] to my house to ensure he was able to spend his last Christmas with me in my home. I cannot express my words of gratitude for this gesture."

• Another person who was living with dementia did not want his clothes washed in the laundry with other people's therefore their wife would take his clothes home to wash them. When his wife became ill and was unable to wash them the registered manager recognised the impact this would have on the person. Therefore, they arranged with the family to take the person's clothes home herself and wash them on his behalf. The registered manager told us, "[Person] is still unaware that I am laundering his clothes at my home. It is a small deed. I could just take the clothes and put them through the home's laundry without the person knowing but this would be wrong and go against our ethos of remaining honest and making sure residents live their lives well."

• Other examples included where staff were supported to spent time visiting people who had been admitted to hospital, to ensure people did not feel isolated and from the support they were used to at the home, were settled and had someone they know to talk with. On one occasion a member of staff visiting person in hospital stayed with them until 02.30am because they needed the support and reassurance from someone they knew as they were feeling anxious and distressed at being away from the home.

• People told us they valued the personalised care they received from staff who were kind, compassionate and caring. People's comments included, "Everyone is very kind," "They look after us really well. I can't fault them, always smiling, always happy," "All the carers are lovely, they always take time for you" and "They [staff] don't rush me, we chat while they're helping me and the time just flies by."

• A health professional told us, "The staff in the home are extremely caring, their knowledge of individual residents is invariably good."

• People's individual needs, preferences and beliefs were respected by staff and any specific requirements were catered for. For example, where people were not able to communicate verbally staff had identified specifically and in detail how people communicated.

• The service respected people's diversity. Staff were open to people of all faiths and belief systems, and there was no indication that people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. Although, the home was not supporting anyone who was covered by the Equality Act at the time of the inspection, people's needs in respect of their

diversity was covered during the assessment process.
• The provider recognised the impact funding their care can have on people, particularly those living with dementia, and their family's wellbeing. Therefore, they had established a small charity 'Families Supporting Care'. The provider brought together family members from across their homes to act as trustees to ensure an inclusive approach to supporting people across their services. The charity was available to support people to continue to live at the home when their personal funds run out. The charity also provided a sense of self worth and wellbeing in people and families as they actively identified areas and ideas for fund raising for the charity. For example, together they had developed a family favourite recipe book, arranged quiz nights, BBQs and garden parties. We saw that some people in the home were receiving support from the charity.
• The provider had developed a series courses and leaflets to help families understand their loved ones' journey living with dementia. A family member wrote to the provider "The leaflets and courses on dementia [that Woodlands provided] have helped myself and my brother come to terms with my father's deteriorating health." They added as a result of the courses and leaflets had, "allowed us as a family to get more enjoyment and quality of life with our father." Another person told us they found the leaflet, "Invaluable to help me understand a great deal about what care my [relative] required."
• The provider had also developed other leaflets for families and friends to help them understand people's life journey in the home, such as 'End of life Care'.
The general manager gave us an example where a leaflet had given a family member the confidence and understanding to support their relative's wishes to end their life in the home rather than a hospital.
• People's relatives could not praise the management and staff enough for the thoughtful and compassionate care they and their loved ones received at the end of their life. Feedback sent to the provider by a bereaved family member included, "Today when my dad finally left us, I have felt calm and so greatly comforted that we had ensured that he had the end of life that he wanted, with Mozart playing in the background and the love and care of some truly amazing people. [The registered manager] has led her team, supported me and shown great fondness for my dad. Thank you – two small words deeply felt."

Supporting people to express their views and be involved in making decisions about their care
• People and their families when appropriate were actively involved in their care and support decisions. People's care plans included a section for people and families to make comments should they wish. In one person's care plan a family member had written, "Thank you for all you are doing. I agree with the care plans and am grateful for the attitude and attention to detail and emotional support given." Another family member told us, "I have been involved with the care from the word go as mum can't really make decisions for herself anymore. The manager and staff are very open and talk things through with me and then we decide on the way forward. Although she is in the home I still feel involved and that's down to the way they deal with me."
• People and their families told us told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes. Family members and friends were able to visit whenever they wanted to and sometimes took their relatives out of the home.
• The provider ensured people and their families could feedback about the home and the support they received in a number of ways. In addition to daily contact with staff, people and relatives could speak with the provider and the registered manager at any time. The provider also invited people to a 'Time for you' session where they were given the opportunity to sit down in small groups with the provider over tea and cakes. The provider told us this approach was to allow them to engage with people on a personal level to identify ways to enhance their wellbeing and experience of care within the home. For example, at one 'Time for you' session where three people had joined the provider for tea and cake, they discussed social isolation. Two of the people disclosed the underlying reasons they preferred to stay in their rooms on their own. As a result of the discussion with the provider both people now feel able to meet up once a week for a chat to

help relieve their social isolation.

Respecting and promoting people's privacy, dignity and independence
• People supported by staff who treated them with patience and respect. People were called by their preferred name and staff spoke about people in a respectful and compassionate way. Staff engaged positively with people. If they passed them in the corridor they stopped to speak to them, if they were unsure of where they were going or why, we saw staff reassuring them and offering to accompany them either to the lounge, the bathroom or their bedroom whichever it was. One person said, "I choose what time I want to get up or go to bed, what I want to join in with and so on. I've never had to complain, people are very kind and if there's something you want to do then they will try and sort it out for you."
• People's families told us when they visited and wanted to join their relative for lunch, staff arranged for a table to be set in one of the small lounges so that they could enjoy each other's company in private.
• Staff were highly motivated and keen to support people to the best of their ability, treating them with dignity and respect. Staff described how they protected people's privacy and dignity. This included listening to people, respecting their choices and closing doors and curtains when providing personal care.
• During the inspection we observed many occasions where staff positively supported people in a way that respected them as individuals. For example, we observed a member of staff talking with one lady who believed she had died and was going to be put in the ground. The member of staff knew the person well enough to know how to distract her from this subject. They engaged with her in a compassionate way, turning the subject matter to the person's personal history and making a positive contribution to lifting the mood of the person. On a different occasion a person living with dementia got up from his table at lunchtime and approached another table to talk to two other people about planning a 'suicide mission.' This distressed and agitated one of the people. This was identified immediately by a member of staff who went across and intervened in a sensitive and supportive way. Their knowledge of the person and personalised distraction techniques allowed them to support the person in a respectful way back to his own table. The member of staff then made sure that the person got their lunch first in order that he was occupied.
• A family member told us, "All the staff are very kind, without exception. They always treat [my relative] with the respect. We'd looked at several places but this was the best by far."
• People were supported by staff who respected their privacy and encouraged them to be as independent as possible. For example, where people were unsteady and needed a frame to mobilise safely, staff supported them by walking alongside them making sure they had a clear pathway. One person said, "I am still independent, I don't need help with washing and dressing or anything like that. They make sure I get my meals and pills. It's okay."

Good

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 outstanding. At this inspection this key question has now returned to good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled staff to provide personalised care tailored to the needs and wishes of the person they were supporting. A family member told us, "[My relative] had a bit of a breakdown and the home were very supportive, they got the emergency mental health team involved and he's much better now."
• People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long term health conditions. One person told us, "They did a whole long interview with me before I came, to find out what I wanted and needed."
• However, the records did not always reflect recent changes to people's care. The provider had an electronic care planning system, which was supported by a printed version to allow staff to access the information on a day to day basis. During the inspection we identified that the printed care plan for one person did not reflect recent changes to their health care needs. We raised this with the registered manager who told us they updated the printed version on a monthly basis. They added any changes would be updated to staff verbally during the shift handover. Staff we spoke with were aware of the changes in the person's health care needs and how to support them. We raised this with the general manager and the registered manager who agreed to review their approach to managing care records.
• The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Where people did not communicate verbally, staff understood people's non-verbal communication such as body language.
• A personalised pictorial potted life history was framed and on the wall outside each person's bedroom. The frame told their story through pictures of items relevant to their lives; where they grew up, their previous jobs, their families and the things that interested them. This provided an instant reminder to staff of the personal histories of the people they were supporting and encouraged the development of positive relationships between people living at the home with similar life experiences or interests. The registered manager told us this was especially important for people new to the service and was able to give a number of examples where people had developed long standing friendships following the sharing of similar experiences, such as two people who had previously been nurses developing a friendship and sharing life experiences.
• People's health and wellbeing was enhanced through access to a wide range of individual and social activities. The provider employed an activities co-ordinator for each of their services, who worked together as a team to maximise benefits for people living in their homes. During the inspection we observed people actively enjoying taking part in a variety of activities such as, a game of skittles, an exercise class lead by a

trained physiotherapist and various quizzes.
• For those people who did not wish to join with the planned activities, staff were available and offered the opportunity to do other things. Some people chose to sit and look at the newspaper, some people did word search puzzles and other people were supported by staff to do colouring, a jigsaw or playing cards. One of the directors had arranged a regular card playing sessions at the home with people from across all of the provider's services who wanted to attend. One person told us, "I chose what I want to do. I don't join in with all the activities I pick out what suits me. I quite enjoy the word search and the Mensa quizzes. They help you keep your brain working."
• People were supported to access the local community and trips out to various venues and events, such as the seaside, shopping and fish and chip suppers.
• Activities included visits by external professionals and groups focused on people's diverse needs and interests, such as a local Morris Minor car club. During one external visit a lady who had restricted mobility but used to regularly go out dancing was supported by staff using a handling belt to dance with the visiting professional. Feedback about the impact of this by a family member included a thank you and "It brought back happy memories for her."
• The provider was also aware of the positive impact animals have on people's wellbeing and regularly arranged for their pigmy goats and other animals to visit the home. One person said, "Some of the activities are quite good, they had parrots in the other week and sometimes they do outings." A family member fed back to the provider in a letter, "Thank you, [my relative] grew up on a farm so it was special for her to see the goats."

Improving care quality in response to complaints or concerns
• Complaints about the home and the quality of the support provided was managed effectively. The provider had systems in place to log, respond to, follow up and close complaints. Where formal complaints had been made we saw these had been thoroughly investigated and in line with the provider's policy.
• However, we did receive some mixed feedback regarding the home's responsiveness to minor concerns raised by family members. One family member told us, "They do like a monthly review and we are emailed and kept informed about that. We have complained about things, like the lack of bathing but I don't always feel it's taken on board." Another family member said, "I am in the home regularly, I have raised things that I wasn't happy about, like my mother's dental hygiene. My mother has teeth missing from her plate and I was worried about how she was managing to eat. They arranged for her to see a dentist." A third family member told us, "We were given details of how to complain when we moved mum in but really we've nothing to complain about. The staff are professional, friendly and caring. I've booked my place here."
• Where we received negative comments from family members we explored these with the general manager and registered manager. For example, they explained their approach to bathing, which was based on the individual's choice, which sometimes conflicted with families' expectations. We reviewed a number of people's daily records and saw staff had supported people with their baths or showers whenever they requested them. Following our inspection, the general manager sent us details of the that action they had taken following discussions with those family members who had raised concerns, which demonstrated that people had access to either a shower or bath when they requested one.

End of life care and support
• At the time of the inspection no-one was receiving end of life care from the service, however they had previously provided this care, in conjunction with community healthcare professionals in the past. Staff and the home's management talked passionately about this aspect of their role. They told us they understood how important it was to people and their families.
• Wherever possible, when people were nearing the end of their life, a room was made available for their family to use. A complimentary care basket with items such as a blanket, word search books, snacks, drinks, shampoo etc and a music player was available to the family to support them at that difficult time.

• The provider had also developed a personalised leaflet to support family members when their loved one's journey moved towards end of life care.
• Without exception family members were extremely positive regarding the care and support they and their relatives received before passing away at the home. When people were being supported at the end of their life, a purple butterfly was placed outside their bedroom to let staff know to be quiet and respectful. A recently bereaved family member told us, "The home were very supportive, mum had simply had enough it was a frailty death. The end was very peaceful in the surroundings she was familiar with."
• Other feedback included "The support we have had has been incredible and made this so much easier for the family. [Name of staff member] put in extra hours to chase things up with the doctors and even came back in their own time late at night to say goodbye to mum and give us all hugs. We know that she went in peace thanks to the excellent management of her welfare throughout her final days."
• The home maintained individual scrapbooks for people, which told of their life journey while living at the home and included photographs of the activities and events they had been involved in. When the person passed away these were passed onto their family as a treasured memory for family members.

Outstanding ☆

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 outstanding. At this inspection this key question has remained the same, outstanding. Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• Everyone we spoke with told us how passionate the provider and management team were about providing high quality and personalised care for people, and people were very much at the heart of the service. A family member told us, "I would wholeheartedly recommend the home. It has a lovely caring atmosphere. The manager is always around and makes time for you if you have any queries." Another family member said, "I think it is an excellent home, they are good at treating people as individuals and I would definitely recommend it." A health professional said, "It seems a lovely home, well organised with activities always going on."

• The management team and staff continued to be passionate about the clear, positive and open culture within the home built around the provider's philosophy of care called 'The Sunflower Approach'. The Sunflower Approach puts people and their families at the centre of the service delivery within the home. The approach focused on the concepts of Loyalty; Adoration; and Longevity. It is a golden thread, which runs through the whole of the provider's organisation and empowered and supported staff to provide the level of care demonstrated in the Caring section within this report. People and staff continued to be enthusiastic about their experiences of how the provider ran the home and told us they would "very much" recommend the home to others needing care.

• The provider, senior management and the registered manager continued to be a visible daily presence in the home. It was clear from their engagement with people, their families and staff that they used the feedback to continue to evolve and enhance the Sunflower approach. This ensured it remained meaningful to the people they supported. As a leadership team they fully embraced and embodied the Sunflower approach and led very much by example. The provider explained, "This is a family run home and we are passionate about delivering person centred, outstanding care. We believe that our staff are our biggest asset in delivering the quality of care we aspire to."

• A key aspect in delivering positive outcomes for people through the sunflower approach to care was the importance of treating staff well and valuing their commitment to the home and the people they support.

• In order to encourage loyalty and longevity within the organisation the provider personally engaged with all staff sending a handwritten birthday and Christmas card to every member of staff as well as birthday gift. At Christmas, every member of staff received a performance related bonus or gift.

• Staff were also supported in travelling to and from work by the provider who had arranged a free minibus transport from key locations in the local area.

• Individual staff successes, which reflected the sunflower approach to care and enhanced people's care experience and wellbeing were recognised through a variety of internal awards. These included, the staff

achiever award voted for by people during their residents' meeting in recognition of staff member's hard work and dedication. Staff were also able to vote on a 'Sunflower Award', when they saw a colleague going above and beyond the duty. During our inspection we saw a sunflower award presented to a member of staff who has supported a person in hospital in their own time.
• The delivery of high quality person centred care, driven by the sunflower approach has led to the provider and their homes receiving a national recognition as being within the top 20 small care homes group by a care home review website. The provider had received a number of awards related care they provided, including the Inspire 2018 – Family Business of the year award, and staff from the home won a local 'Care Team' of the year award and 'Unsung Hero' award. The provider also held an annual event for all staff across their homes to celebrate their philosophy of care, develop team working and share the organisational plans and successes.
• Staff regularly told us how positive they felt to be working with an organisation that shared their personal values about what outstanding personalised care should look like. A member of staff told us, "You can feel it is a home here, you feel at ease. The staff are lovely, and the management are very helpful; I love my job." Another member of staff said, "It is nice to work in a place where you can progress if you want to; there are lots of opportunities to do things." A third member of staff told us, "I enjoy working here. It is a friendly atmosphere and you are encouraged to spend time chatting to people." The registered provider was clear about the role of the Duty of Candour in improving the sharing of information and development of high quality services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The home was well led by an experienced and skilled registered manager, who continued to be fully supported by an extremely proactive general manager and involved provider. The registered manager had been with the provider for 19 years and had been actively involved in supporting the development of the Sunflower approach. There continued to be a supportive management structure underpinning the registered manager, including a HR manager, training manager, a residents' liaison manager and other key supervisory roles, such as senior care staff. Each member of staff had clear roles and responsibilities and worked together as an effective team.
• Staff were extremely positive about the skills and leadership of the management team and carried out their duties in a calm, professional manner. They communicated well between themselves to help ensure people's needs were met, including during handover meetings at the start of each shift. Comments from staff included: "The management are definitely approachable. I feel I can approach them and ask if I need anything" and "The managers have an open door and I can asked them anything when I want to."
• The registered manager was clear about her responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary. The ratings following their previous inspection was displayed on their website and within the home.
• The service continued to be exceptionally committed to provide high quality care to people who live in the home. There were effective systems and processes in place across all levels of the organisation to assess, monitor and improve the quality of the service provided. The provider was actively engaged in the quality assurance process through a monthly quality and compliance audit. A series of audits had been established within the home, these included, medicines management, care plans, accidents and incidents, fire safety and the environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
• People and their families were encouraged to contribute their views on an ongoing basis informally and through regular feedback surveys. We looked at the feedback provided by a number of family members and these were all positive. Comments from families included, "All staff went out of their way to make residents

feel at home," "All I saw [when I visited] from staff was patience, respect and care" and "I cannot express how grateful we all are to you for your efforts as well as professionalism: it made our final days with mum so much lighter to bear.
• The provider also used technology to seek feedback from families and visitors to the home. We saw comments made by families on a private social media page and comments on an internet care home review website. Without exception all of the feedback was positive praising both the management and staff for their compassion, care and professionalism.
• People and their families were also able to provide feedback through regular meetings at the home. We looked at minutes from these meeting and saw people and their families were fully engaged in the running of the home and the management team were responsive to issues and ideas raised during the meeting. For example, during a meeting in January 2019, a discussion took place about the role of people's key workers, A key worker was a specific member of staff who had been assigned to develop a strong relationship with a person to enable them to understand their individual wishes, preferences and provided initial oversight of the care they received. Following that meeting and further feedback from some families a number of key workers were changed so they better mirrored the people's individual preferences. Feedback at future meetings demonstrated the success of these changes with people and their families on "How amazing their key worker is."
• The provider also engaged with people and their families informally when visiting the home and when they held they tea and cake sessions.
• The provider was fully engaged in the home and took an active role in seeking feedback from staff about the home and the quality of the service provided. Small groups of staff were invited to informal meetings with the provider to discuss how they are feeling, whether there was anything that can be improved to make their lives better and alleviating if any, concerns before they escalated. The feedback from staff about these meetings was positive and felt it "gave them a boost" that the owner of the company had taken the time to sit with them and enjoy tea and cake. For example, one member of staff had raised during one of these informal meetings that they were looking for opportunities to enhance their personal development. The provider put in place a development pathway for the member of staff supported by the registered manager. Subsequent feedback from the person included "Since speaking with [the provider] and then [the registered manager], they have shown me support and helped me develop into a senior which was my long-term goal at Woodlands." They were able to give examples of how they had developed in confidence and support staff in enabling people to have a more settled night, especially for those living with dementia and as a falls champion help reduce night time falls following the implementation of a night falls reduction strategy. They added, "I am now the happiest I have ever been in my career as a carer."
• Opportunities for learning and making improvements were taken at every review or audit, and the general manager told us they welcomed people's feedback at any time either positive or where there was room for improvement.
• During the inspection, we found an open and transparent culture, where feedback from, people, their families and staff was encouraged. The provider, managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
• Staff had group meetings, tea and cake sessions with the provider and supervisions, which provided opportunities to communicate with the management team. The provider and the registered manager had an open-door policy for staff to go and raise any concerns they may have.

Working in partnership with others
• The service continued to provide a coordinated approach to people's care. They proactively developed their partnership working with people, their relatives and other external healthcare and social care professionals to ensure people received care that was effective and appropriate to their needs.
• The service had remained an 'outward facing' with a strong community involvement. Members of the provider's management team were involved in various 'trailblazer' groups, such as the Nurse associate

apprenticeship framework and the development of the nurse degree apprenticeship pathway. These have allowed for the home to development of a structured staff development pathway, leading to highly motivated staff with enhanced skills to support the people at the home. For, example, staff who have followed this pathway have successfully worked with the district nurse team and have become proficient in applying simple dressing. This has meant people have received more timely dressings management, which is carried out by staff they know and at a time that causes them least distress. The development of a skills pathway has also enhanced staff retention ensuring people continue to be supported by staff they know and are comfortable with.

• The provider had established a small charity 'Families Supporting Care'. The charity allowed people, family members and staff from across their homes to work together to support people whose funds diminish during their stay as well as supporting the local Alzheimer's Café, a local hospice and other charities for the elderly.

• The provider's human resource manager was registered under Skill for Care as an I care ambassador. I care ambassadors are people who work in care, who deliver career activities and talk about what it's like to work in the sector. They were passionate about their role and used it as an opportunity to promote the provider's philosophy of care and forge links with local colleges and schools. For example, they were proactively engaged with the local college, developing opportunities for encouraging younger people into the care environment through work experience placements, reinforcing the provider's philosophy of care. Feedback to the provider from the college included, "All our students benefit enormously from the experience and invaluable knowledge obtained during their placement". Feedback from a student included, "I have built quite close relationships with some of the residents at Woodlands and would love to come and visit or help out at weekends. I would also love to be considered for a position within the company, to help me and support the residents with their quality of life."

• They also provided opportunities for students to visit the home on a regular basis, engaging with people in a social environment, sharing life experiences. The general manager told us people benefitted from this approach because it meant the home could identify and recruit high quality staff who embraced the provider's philosophy of care and had a deep desire to work at Woodlands." They were able to give examples of where students had gone through this process and had gone on to be successful care staff at Woodlands.

• The general manager and registered manager were actively working with the local community matron on trialling a 'TORCH' tool designed to identify when people's health care needs start to deteriorate. We saw the TORCH tool in use in people's care plans allowing staff to monitor people and quickly identify where people's needs had changed, and their health had deteriorated. In order to enhance the benefits of the TORCH tool the provider had also employed a clinical development lead to upskill staff in providing effective support to the people at Woodlands. The impact of both the TORCH tool and the creation of the clinical development lead and led to 80% fewer out of hours GP call outs and the early identification of people moving towards the end of their life. This allowed for early intervention and the development of person centred advanced care plans.

• The provider and general manager were actively involved in local provider forums sharing good ideas and best practice, such as the development of treatment flow charts. These charts had been successfully introduced within the home to support staff in recognising and managing people's healthcare needs. The introduction of the charts led to the improved identification and management of urinary tract infections, delirium and respiratory or chest infections. For example, since the introduction of the treatment flow charts in late 2015 analysis has identified a consistent reduction in the number of falls associated with infections by approximately 89%.