

Alliance Care and Support Limited

# Woodboro Residential Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Woodboro Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Woodboro Residential Care Home accommodates a maximum of 22 older people, including people who live with dementia or a dementia related condition, in one residential style building which has been adapted for that purpose. Woodboro Residential Care Home is a large detached house situated in a residential area of Clacton on Sea and is close to all amenities and the local train station. The premises is set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. At the time of our inspection 22 people were using the service.

This service has not yet been formally rated as it was taken over by a new provider in February 2016. At this inspection, which was the first for the service we found the service to be 'Good'.

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

People told us they felt safe living at Woodboro Residential Care Home and with the staff who supported them. Any risks in relation to people's care and support were identified and appropriately managed. Staff knew how to recognise and report the signs of abuse.

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People were able to take part in activities of their choice.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

Staff had good knowledge of the people they cared for and made appropriate referrals to health care professionals when people needed it. Visitors told us staff always kept them informed if their relative was unwell or if a doctor was called.

Staff supported people to maintain a balanced diet which was appropriate to their dietary needs and preferences. Staff asked people where they wanted to eat their lunch and most people chose to eat in the

dining room together in an inclusive atmosphere.

Care records were up to date, had been regularly reviewed, and reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support.

Staff applied the principles of the Mental Capacity Act 2005 (MCA) in the way they cared for people and told us they always assumed people had mental capacity. People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. People, visitors and healthcare professionals all described the management of the service as open and approachable and thought people received a good service. People and their families were given clear information about how to raise concerns.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Management were visible in the service and regularly observed and talked to people to check if they were happy and safe living at Woodboro Residential Care Home.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe living in the service. Staff knew how to recognise and report the signs of abuse.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

### Is the service effective?

Good ●

The service was effective.

Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

### **Is the service responsive?**

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

**Good** ●

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

The service was well led.

There was a positive culture within the staff team with an emphasis on making people's daily lives as pleasurable as possible.

Staff said they were supported by the managers and owners and worked together as a team.

People and their families told us the management was very approachable and they were included in decisions about the running of the service.

**Good** ●

# Woodboro Residential Care 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.

The inspection took place on 01 February 2018. It was undertaken by one 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.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people. We also looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well, and improvements they plan to make.

Whilst most people were able to talk to us, others could not. During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with six people, seven relatives, five staff members, the deputy manager and the manager. We observed the care which was delivered in communal areas to get a view of the care and

support provided. We also spoke with one healthcare professional after our inspection.

During the inspection we reviewed the records at the service. These included four staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at five people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

People told us they felt safe living at Woodboro and with the staff who supported them. One person said, "I'm 99 you know. I've got it all up here (person pointing to the head) The staff here are good - I'm very happy here, it's a nice quiet area and it's a nice safe home for me." A relative commented, "The carers are all so lovely, and the manager is excellent – nothing is too much of a problem." They went on to say, "I feel so good about [relative] being in here – I used to be their main carer and it just got too much for me, and when we came here it had such a homely feel. It is so good to know [relative] is in a safe place, and I sleep better at night now. And the manager couldn't be more helpful – they are excellent, and you can talk to them about anything." Another relative told us, "We did look at other homes, but when we came in here to view, it just felt like a nice home, and we've been so pleased that [relative] is here – I go home knowing they are well looked after and safe."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure ulcers. People were encouraged to assess and manage their own risks. For example, one person went out independently each day into the local town centre. They advised staff when they were leaving the premises and ensured they communicated their whereabouts so staff were aware of their movements.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the manager to identify any patterns or trends which could be addressed, and subsequently reduce any potential risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at Woodboro. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner. One person told us, "There is always someone around to help me if I call; I have never had a problem."

On the day of the inspection there were three care staff on duty for 22 people. In addition there was a cook, a domestic, the registered manager and the deputy manager. The registered manager and deputy manager also provided care and support for people. Management told us they monitored people's needs daily and made any adjustments to staffing levels as required. We saw this work in practice on the day of inspection as the cook had called in sick and their shift was covered by another member of staff, so the service was still

effectively covered with sufficient staff. It was clear managers knew everyone well and because they worked alongside staff they were aware of people's changing needs. Staff told us they would always update the management if an individual's needs changed, including contacting them when they were not on duty.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Woodboro. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable facility was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for. Staff had received appropriate training in administering and managing medicines and weekly audits were completed by the manager.

The environment was clean and well maintained. Sanitiser hand wash was available throughout the service and staff wore protective clothing when providing personal care and preparing food such as aprons and gloves. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when necessary. For example, the service was nicely decorated both externally and internally. Internal corridors were bright with good overhead lighting for safety. People's rooms each had a different bright coloured door and the manager told us they had further plans to develop the service so it was more dementia orientated. One staff member told us they had been at the home for 15 years and said, "It's so much better now – the new manager has made so many good changes – as well as the decoration, the residents all have new beds, and we've had new carpets – plus we have got a new carpet cleaner, which is great."

Records showed that manual handling equipment, such as hoists and bath seats, had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills and people had individual personal evacuation plans for use in the event of an emergency (PEEPS). We saw prominent signage for bathrooms and hoists and wheel chairs had been neatly positioned in alcoves along the corridors so there were no hazards.

## Is the service effective?

### Our findings

People told us that staff knew them well and understood how to meet their needs. One relative told us, "The staff look after my [relative] so well, they are bed bound and can't do anything for themselves, but the staff here are really good, they are all aware of his condition but if I ever saw anything not quite right I would certainly let people know – but it really is good in here for him. The carers visit [relative] regularly throughout the day and have a chat with them, although I don't think he knows anything."

Staff were knowledgeable about the people living in the service and had the skills to meet people's needs. Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a qualification in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living in the service such as dementia awareness. Staff said, "We do a lot of training and it is good, it is on line but we have classroom sessions too. We can ask for specific courses too." Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. One member of staff told us, "I remember my induction it was good when I started. I worked alongside a more senior member of staff before I worked on my own. The service was in the process of updating their induction in line with the Care Certificate to implement for new staff in the future. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff develop a more in depth knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment."

A health professional told us staff had good knowledge of the people they cared for and had made appropriate referrals to them when people needed it. For example one person had swallowing problems and was at risk of choking. We saw appropriate referrals had been made for dietetic input and to the speech and language team (SALT). People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. One relative said, "The carers are excellent. I think if it wasn't for the carers here, [relative] wouldn't still be alive. They look after them so well, and I'm very happy with them being here as I know they are being looked after so well. I come here every day apart from Sunday, and I am always happy with the care they are getting. I used to come in twice a day, but I saw how they were looking after them so well, I only come in once a day now."

The service monitored people's weight in line with their nutritional assessment. People were provided with

drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks. Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People were given plates and cutlery suitable for their needs and to enable them to eat independently. People told us, "I think the food is nice here – you get large portions – and there's always something I like on the menu, but if you want something else they can get it for you." One staff member told us, "We get to know our residents really well, so we know what they each like – some won't eat a large plateful, and prefer smaller portions."

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a lift to gain access to the first floor, where some bedrooms were located. People's individual needs were met by the design of the premises for example, one person told us, "I'm really well looked after. The maintenance man has rigged up some things to help me as I can't move around in the bed much. I just have to move my arm a little to turn the light on and off, and I've got this button to call for help – and they are quick to arrive I can tell you." They showed us how the maintenance man had put up a push button device on their bed, as this person didn't have enough strength to use the normal push button. The light pull had also been attached to the side of the bed, so they only had to move their arm a little to turn it off and on. This meant the person maintained their independence and clearly felt good about doing these things for themselves.

We observed staff asked people for their consent before providing care or treatment. People were involved in making choices about how they wanted to live their life and spend their time. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and deputy manager were clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had appropriate applications for a DoLS authorisation for three people, one of which was awaiting authorisation, and the manager had sought appropriate advice from the local authority. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

## Is the service caring?

### Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. People told us, "The carers are beautiful – they come in and gently wake me up at 7am with a cup of tea, then they give me a nice wash – I couldn't be better looked after. I do like the food here, but I have my own stocks as well - my daughter brings me in sausage rolls from Iceland and the girls here cook them up for me." And, "Staff are very good, kind and respectful." Relatives told us, "It is a nice home, and [relative] is being well looked after – it's nice and safe for them in here and the staff are very good at helping them with everything – very kind staff."

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we saw staff kneel down or crouch to get to eye level and chat with residents, there was no shouting – just nice quiet conversations, where staff were checking with residents they were ok and prompting them to drink.

Staff used first names as these were preferred a lot, and it was clear that staff knew residents well, and worked as a team together during the day. Staff were patient and gentle, explaining every step of moving and handling manoeuvres and talking to people throughout the procedures to prevent them from becoming anxious. The service promoted people's independence and encouraged them to maintain their skills. For example, during lunchtime we saw staff cutting up people's food and providing assistance to enable people to eat independently.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. Some people living at Woodboro had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example, one staff member told us, "I always ask people how they would like something done if I am helping them. If they have not heard me the first time I ask again to make sure they understand. It is important it's their choice."

People were able to choose where to spend their time, either in one of the lounges or in their own rooms. When one visitor came, we saw they had taken their relative into the lounge. They told us, "I come every day, and we normally sit in here for an hour or so – it's such a lovely room, and it's nice and quiet in here for [relative]." People, who chose to spend their time in their room, told us staff regularly came in to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as

furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

We saw people's doors to their rooms each had an A3 sized name frame which was nicely decorated with some life memories, which we were told the families had been asked to provide. One person's relative told us they were pleased to have had been involved in producing their relative's frame, with memories from their past. The person was a drummer, a decorator and played Irish football – and each was depicted on their door sign. The corridors were also nicely decorated, lots of photo frames and a large memory tree mural with family photos was on display. The corridors had been well thought out, and there was brick style wallpaper which we were told were to make the service feel like a residential road. There was also a large 'Residents Board', which had the list of key workers assigned to residents.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People told us when their bedrooms were re-decorated they had chosen the colours used. Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. People also had regular contact with their relatives by telephone. During the day there was a constant stream of family visitors to the home, and there was a nice 'feel' during the afternoon, with lots of talking and laughter going on between family and friends. One relative told us, "I am always made to feel welcome here."

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The registered manager and deputy manager were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Woodboro. Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed.

Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described in detail how staff should assist the person who had sight impairment and associated healthcare condition. Their care plan stated, 'Ensure black out curtains used as [person] does not like the light.' Another person identified as having swallowing and potential choking difficulties had this identified in their care plan and it stated 'I must have foods that are prepared to a Texture D (Pre-Mashed) consistency. I do not like my meat chewy either and it must be prepared in the same way.'

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Woodboro. Staff spoke knowledgeably about how people liked to be supported and what was important to them. For example, one person used to be a professional footballer for Colchester and was noted in the hall of fame. The manager also told us they had developed a wishing tree and had previously arranged for one person to get tickets to see them play.

People were able to take part in activities of their choice however we were told this was variable as people had fluctuating levels of capacity, 'I stay up late watching TV, and I sometimes get up late – you can get up whenever you like!'. Whilst no one we spoke raised concerns regarding how they spent their day we noted the activity provision on the day of inspection was limited. In the lounge area was a large calendar board showing the day, date, large clock with time and menu for the day which included an activity schedule for the week. During the day, we noticed that although the board said that activities were planned, none of the displayed planned activities occurred. When we asked the manager they told us that the activities co-ordinator had recently resigned at the end of 2017, and they had just reallocated the activities role to a new staff member. The manager told me that previously 6 hours a week had been allocated for the activities role, but she had now extended that and planned to develop the activities programme further with more meaningful activities for people living with dementia. Care plans described the type of activities each person might want to take part in and how they liked to spend their time. We also saw staff spent one-to-one time

chatting with people during the inspection, there was music playing and people did do individual activities. For example one person enjoyed colouring, another person liked to use an electronic handheld device (iPad) and a third person had some talking newspapers and also had some crosswords blown up to a bigger size, so they could complete those as they had difficulty seeing small print.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. However, people and their relatives said they had not found the need to raise a complaint or concern.

People at the end of their life were supported to have a comfortable, dignified and pain free death. People were given the opportunity to discuss their end of life wishes in advance and they were recorded for those who chose to discuss them. Staff worked closely with multidisciplinary teams, including specialist nurses and palliative care staff. This helped to ensure that the focus remained on what was most important for the person and their family so that the person remained comfortable and free from pain.

## Is the service well-led?

### Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was in daily contact with the provider who also provided oversight for the service. They were supported by a deputy manager. The relative of one person told us, "The manager is always available, and very easy to talk with – any problems, they sort it out immediately." They went on to tell us, "They look after [relative] so very well here – I come in every morning until lunchtime, and I think it's a lovely home."

People, visitors and relatives all described the management of the service as open and approachable. Managers were clearly committed to providing good care with an emphasis on making people's daily lives as pleasurable as possible. The management team led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people.

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. A staff member told us, "I've been here for 9 years and it's so much better now. The staff here are really a friendly team and we get on really well together. You can mention anything to the manager, and they always listen – they have come up with some great ideas – we meet up as a team regularly." There was a positive culture within the staff team and it was clear they all worked well together. Staff said they were supported by the registered manager and deputy manager and were aware of their responsibility to share any concerns about the care provided at the service. For example, one member of staff told us they had raised a concern and the management had responded promptly to resolve the situation. Staff said, "I love working here, it's so much nicer now." And, "I would always feel comfortable raising any concerns with management they are very approachable."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and monthly one-to-one supervisions.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals told us they thought the service was well managed and they trusted staff's judgement because they had the skills and knowledge to feedback to them about people's health needs. A healthcare professional told us, "I have no problems with how the service has responded to advice given."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The managers worked alongside staff to monitor the quality of the care provided by staff. The deputy manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training. The managers carried out audits of falls, medicines, and care plans. The registered manager and deputy manager were very visible in the service and regularly observed and talked to people to check if they were happy and felt safe living at Woodboro.