

Kenley Care Ltd

Woodlands Nursing Home

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?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

The inspection took place on the 20 June 2017 and was unannounced.

Woodlands Nursing Home provides personal care, accommodation and nursing care for up to 28 people. On the day of our inspection there were 23 older people at the service, some of whom were living with dementia and varied health conditions. The service is spread over three floors with a passenger lift, communal lounge and dining room.

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

The service was very caring. Without exception, people and their relatives told us the staff were extremely caring, compassionate, attentive and dedicated in their approach. They commended the exceptional quality of the care they received. Comments from people and relatives included "When I came here to visit staff were just wonderful. So calm and reassuring it was just what I needed. It was just a good feeling I got from them and then everyone else has followed on from there" and "Not only have they cared for my relative so wonderfully they have given me so much support".

Staff developed positive caring and compassionate relationships with people, exceeding their expectations. The ethos of the home was that of an extended family. Staff knew each person as an individual and what mattered to them, they treated people with the utmost dignity and respect. One member of staff said "We are a family, that's why I love working here and putting smiles on people's faces".

People receiving end of life care were treated with exceptional care and compassion. The service had strong links with a local hospice and a local Palliative Care Coordinator, who provided training recommendations and support for staff to provide high quality care for people nearing the end of their lives. A health professional told us "I have great faith in the clinical opinions of the nursing staff they provide excellent care and following advance care plans and contingency plans. They are rightly proud of the fact that almost every resident who dies does so in the home rather than in hospital".

People, relatives and health professionals consistently told us how the service was exceptionally personalised to meet people's individual needs. Staff spoke with pride and passion about the way people were cared for. Management and staff continuously looked for ways to improve people's care so they received positive experiences and led fulfilling lives at the service. One person told us "The staff are amazing, just amazing. They cannot do enough for you and help me so much. The nurse is a godsend and meets my needs for sure".

The service found innovative and creative ways to enable people to live life to the full and continued to do

things they enjoyed. The service was currently a pilot site for a United States based charity 'Music & Memory'. Music & Memory brings personalised music into the lives of older people and people living with dementia through digital music technology. One person told us "I love listening to the old tunes, it really is lovely. I remember them well". The provider was innovative and set about identifying a suitable adult dog from a local dog breeder that could spend a substantial amount of time with the people as the resident PAT (pets as therapy) dog.

Staff held skills and trained to a high standard to care for people. There was a strong emphasis on training and continued development for staff. Staff spoke passionately about people whose lives had improved since they came to live at the service. For example, one person who came to the service to receive end of life care had their life improve over time, with the staff committed to giving exceptional care to the person working closely with a range of health professionals. The person became well enough to return home.

Care planning was focussed upon a person's whole life. People and relatives were asked to complete a comprehensive 'life book /social profile' upon admission to the home. This was a wide ranging document that included people's history, preferences, skills and a family tree. This enabled staff to ensure that a holistic approach to care was taken.

The provider strived for excellence and improving the lives of people who lived at the home through involvement with external organisations and the local community. This included local schools, churches and clubs. A tutor from a local college told us "It is apparent that the students gain benefits from spending time within the home with older people and the sharing of experiences and knowledge, its win win all round".

The provider had robust and embedded quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. These showed the service was consistently high performing and surpassed expectations. People received a consistently high standard of care because staff and management put people first and at the heart of the service, using innovation and continuously looking for new ways to improve their care and quality of life. People, relatives and professionals spoke highly around the exceptional quality of care provided at Woodlands Nursing Home. One person told us "Oh my, what can I say about the manager. She is absolutely delightful. Always comes to see me and asks if I am ok and has a lovely chat with me". A relative told us "Always get a super warm welcome and the offer of a drink, it's like a family it really is". Another relative told us that if they needed a home in the future, this would be the one. They said "I want to put my name down, it's very good".

The culture of the service was open and inclusive and encouraged staff to see beyond each person's support needs. The provider had clear values which the registered manager promoted to staff. The provider and registered manager showed an outstanding drive and passion to ensure the service was under a continuous improvement plan and working to be an outstanding service, ensuring people were at the heart of the service.

Staff undertook an induction programme at the start of their employment at the service and staff that were new to care were supported to undertake the Care Certificate. Staff told us they felt well supported and that they had received regular supervision and an annual appraisal. A staff member we spoke with said, "Our supervision is very good. The registered manager does my supervision and it is very worthwhile. If I am struggling with anything I can talk to them about it".

People received the support they needed to manage their nutritional intake. There was clear individual guidance about how to support people safely and effectively with eating and drinking. The service employed

a resident chef who was knowledgeable on people's needs. One person told us "I've never eaten such glorious food in a long time".

People and relatives told us they felt the service was a safe environment, where people felt free from harm and had no concerns in raising issues with any staff or managers. One person told us "I feel totally safe and secure here. It is the best place I could be". People received their medicines safely and had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

Good 

Is the service effective?

The service was effective.

People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act (MCA) 2005.

Good 

Is the service caring?

The service was very caring.

People were supported by staff who were committed to providing high quality care and had an excellent understanding of their needs.

Staff worked passionately with people and their relatives to ensure they were always actively involved in all decisions about their care.

Outstanding 

People receiving end of life care were treated with exceptional care and compassion, as were their relatives and those that mattered to them; both during and following the person's death.

Is the service responsive?

The service was very responsive.

People received exceptionally person centred care from staff who knew each person, about their life and what mattered to them. The level of care experienced promoted their health and wellbeing and enhanced their quality of life.

People's views were actively sought, listened to and acted on. People and relatives knew how to raise any concerns and actions were taken in response to improve.

People were encouraged to socialise, pursue their hobbies and interests and try new things in a variety of inspiring and innovative ways.

Outstanding 

Is the service well-led?

The service was well led to a very high standard

People received a consistently high standard of care because management led by example and set high expectations about the care people received.

The provider had robust and embedded quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. These showed the service was consistently high performing.

In pursuit of excellence, the management team kept up to date with best practice. They read other services 'outstanding' rated CQC inspection reports as a way to benchmark their quality of care and for ideas and innovations for continuous improvement.

Outstanding 

Woodlands Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 June 2017 and was unannounced. The inspection team consisted of two inspectors 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 for this inspection was an expert in care for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback four health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke with 10 people, four relatives, four care staff, two activity co-ordinators, the chef, a registered nurse, the continuous improvement officer, the registered manager and the provider. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed six staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at eight people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records. This is when we looked at people's care documentation in depth; obtained their views on their experience of living at the home and made observations of the support they

were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

This was the first inspection of the service since the provider took over Woodlands Nursing Home on 30 November 2015.

Is the service safe?

Our findings

People and relatives told us they felt the service was a safe environment, where people felt free from harm and had no concerns in raising issues with any staff or managers. One person told us "I feel totally safe and secure here. It is the best place I could be". A relative told us "I don't worry about my relative at all here. I know they are safe here". One health professional told us "The care is very safe both for the residents but also for the carers. Hoists are always used effectively with multiple members of staff".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concern in reporting abuse and were confident that the registered manager would act on their concerns. One member of staff told us "If I had any worry or concern around a resident, I would alert the management straight away". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

The premises were safe and well maintained. The environment allowed people to move around freely without risk of harm. The home was currently being refurbished and extended. This work had been risk assessed and people and relatives informed and kept up to date with the on going work taking place. Staff ensured there was minimal impact on people. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. For example, air mattress settings had been checked. An air mattress is an inflatable mattress which could protect people from the risk of pressure damage, where they had been assessed as high risk of skin breakdown (pressure sore). Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Staff were able to describe how they would respond in an emergency such as a fire and told us they had regular fire training and had taken part in fire drills in the past year. The grounds were maintained with clear pathways for those who used mobility aids and wheelchairs to access areas, such as the front patio.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

Each person had an individual care and support plan. The plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication

and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Water low risk assessment was carried out for people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required regular checks, changing of position, barrier creams applied to prevent rashes and pressure ulcers. We observed staff carrying out these checks, explaining the process to the person and completing records to ensure the care plan had been followed correctly. Staff told us that they were aware of the individual risks associated with each person and found the care plans to be detailed.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager and the provider analysed this information for any trends and discussed findings with the staff.

Medicines were stored in appropriate lockable medicine trolleys within a secure medicine room. The registered nurses had access to the medicine trolleys and were responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered in the morning and lunchtime by a registered nurse who knew people well. They took time to ensure that the correct medicine was administered to the correct person. The registered nurse then completed the person's medication administration records (MAR) chart correctly. They explained that any refusal of medication would be documented and re-administered following discussion with other staff on the most appropriate way forward. They undertook a daily audit of people's individual MAR charts. The audit examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. The registered nurse explained that any concerns were raised with the registered manager. People we spoke with about medicines all told us those medicines were delivered on time in a professional manner by a nurse on duty. One person told us "Getting my medication is important to me and I check it myself so I know they do it correctly. I like to keep aware of it".

People and relatives felt there was enough staff to meet their needs. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent and bank staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us they had a great team of staff and many had worked at the home for many years, they said "Staff are very good and prioritise well. We have a great team here". The registered manager used a dependency assessment tool regularly. This tool enabled them to look at people's assessed care needs and adjust the number of staff on duty based on the needs of people using the service.

Is the service effective?

Our findings

People were impressed and confident in the staff's skills and abilities. One person told us "They do know what they're doing here, as far as I'm concerned they are good at their job and they all do a bit of everything if it's needed. They communicate well with each other and do well as a team". A relative told us "They [staff] even come in on their day off to do training sessions". One health professional told us "The atmosphere in the home is always upbeat and cheerful and there often seems to be some sort of activity going on. Nothing seems to be too much trouble for any of the staff. The chef is talented, caring and happy to oblige. He makes highly calorific nutritious shakes for residents struggling to maintain their weight". Another health care professional said "I feel they are a very organised, well led and well run home. We communicate on a regular basis, giving advice and support where necessary. The staff have some regular training supplied by us and we have an extremely good rapport which I hope will continue".

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. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One person told us "Staff always ask me first before doing anything. If I am having an off day I let them know and they respect that". Members of staff recognised that people had the right to refuse consent. One member of staff told us "It's about being respectful. If someone doesn't want to do something we will encourage them and speak to them on how we can help". The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this. One relative told us about a distressing experience of the DoLS process and that the registered manager had been very supportive and informative about this in coming to a suitable conclusion and to help them understand the process.

There was a strong emphasis on training and continued development for staff. Staff undertook an induction programme at the start of their employment at the service and staff that were new to care were supported to undertake the Care Certificate. The Care Certificate had been introduced for new staff as part of their induction. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that care homes are expected to uphold. The Induction process that supported newly recruited staff included reviewing the service's policies and procedures and shadowing more experienced staff to gain knowledge and confidence. Records and

certificates of training confirmed a wide range of learning opportunities were available for all staff. Staff completed all mandatory training including manual handling, health and safety, infection control and first aid. Staff spoke highly of the training provided. Staff also had the opportunity to complete training specific to the needs of people they supported. For example, wound management, diabetes and pressure damage. One staff member told us "We do lots of training and there are always further courses on offer for us to choose to do".

Registered nurses received on-going clinical training which also maintained their continuing professional development. Training included nutrition, end of life care and skin integrity. The registered manager told us, "The nurse's competency is assessed and they are then signed off as competent with on-going clinical supervision. I also provide training on various courses and support them in their role". Systems were also in place to support nursing staff to revalidate with the Nursing and Midwifery Council (NMC).

Staff had the knowledge and confidence to care for people. The registered manager encouraged staff to develop their skills and roles and take responsibility for specific areas such as meaningful activities, medicines and safeguarding. Staff confirmed that they were supported to develop their skills and knowledge to take up these responsibilities and felt a sense of achievement and personal development. Discussions with the registered manager showed they felt a sense of personal achievement seeing staff develop with their assistance and achieve qualifications to improve their career aspirations. One staff member told us, "The manager is so supportive and encouraging. She will go out of her way to support you in your career development".

Staff told us they felt well supported and that they had received regular supervision and an annual appraisal. We saw records to confirm that supervision and appraisals had taken place on a regular basis. A staff member we spoke with said, "Our supervision is very good. The registered manager does my supervision and it is very worthwhile. If I am struggling with anything I can talk to them about it".

People received the support they needed to manage their nutritional intake. There was clear individual guidance about how to support people safely and effectively with eating and drinking. The service employed a resident chef. We saw a four weekly menu had been developed. The chef told us the menu had been developed in conjunction with people who used the service. They also told us that food was discussed with people at resident meetings and opinions sought through surveys as well as more informal methods. Regular meetings were also held with residents and their families to discuss the menu. Where people's choices were documented in their care records, we saw this was fulfilled, for example one person liked a daily cooked breakfast as this was their daily breakfast before coming into the home. There was a good variety of options on the menu with more traditional options as well as spicier foods such as curries that people requested. In addition there was a list of separate dishes including vegetarian options which could be prepared for people should they not want the main options on any particular day. The chef told us they had introduced new options to the menu following requests from people living at the service. The service had a nutritional lead that monitored nutrition and hydration and worked closely with the chef. Regular weights were carried out and anyone identified as having a concerning weight loss was put on a focus list for extra nutritious snacks. The chef and nutrition lead met regularly to discuss any concerns and implement any actions or interventions. Any special dietary requirements were catered for, for example, those who were diabetic were offered a lower sugar alternative to the main dessert. It was clear a lot of thought had gone into these options to make them as appealing as possible. Food was fortified when needed and the chef was aware of who required additional calories such as milky drinks, the use of butter, milk powder and cream to help people gain weight. Where people were at risk nutritionally, we saw appropriate referrals had been made to a dietician or SALT teams. Some people required to have a food and fluid chart in place and these were completed appropriately.

We observed lunchtime where people were considerably supported to move to the dining area, or could choose to eat in their room. People were encouraged to be independent throughout the meal and staff were available if people wanted support, or extra food or drinks. Some people had support with eating their meals. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. People we observed eating in their rooms were supported with carers who sat at eye level and gently asked between mouthfuls if people were happy and ready. Fluids were offered intermittently and the experience appeared calm and relaxed. People told us they enjoyed the food and felt that they had enough choice being provided with alternatives if required. One person told us "I've never eaten such glorious food in a long time". Another person said "The food is beautiful and tasty, and I would also say varied". A relative told us "I'm eating with my relative today and we'll eat in their room when we get back from a hospital appointment. The food always looks and smells delicious".

People and relatives told us they did not have problems accessing the healthcare they needed. People were supported to maintain good health and had on going healthcare support. Records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, behaviour therapists and a speech and language therapists (SALT). A GP visited the service weekly and the nurse told us how they could always access a GP by telephone for support when needed. We saw daily records detailed how people were feeling and any changes to their health were noted and acted on. One person told us "I've had a doctor three times I think and they were very good and didn't wait".

Is the service caring?

Our findings

The service was very caring. Without exception, people and their relatives told us the staff were extremely caring, compassionate, attentive and dedicated in their approach. They commended the exceptional quality of the care they received. Comments from people and relatives included "The staff are so cheerful and willing to help anybody and if anyone has any difficulty they're there to help them too", "When I came here to visit staff were just wonderful, so calm and reassuring it was just what I needed. It was just a good feeling I got from them and then everyone else has followed on from there" and "You wouldn't get anyone more caring than the staff they are wonderful" and "Not only have they cared for my relative so wonderfully they have given me so much support". One health care professional told us "Without exception I have found all the staff [including the non-clinical ones] to be helpful, courteous, caring and friendly".

The service had a very strong, person centred culture and the ethos was that of an extended family. Staff spoke positively and passionately, without exception, about working at the service. Staff comments included, "I love the working environment and the people that live here", "We are a family, that's why I love working here and putting smiles on people's faces", "I love my job" and "The residents are exceptionally well looked after and cared for here". Staff had developed exceptionally kind, positive and compassionate relationships with people. They demonstrated person centred values, which placed an emphasis on respect for the individual being supported. Staff told us they were inspired and motivated by the registered manager and provider to provide high level care to people. One member of staff talking about the provider told us "He is enthusiastic and drives us with his ideas".

We observed staff constantly interacting with people on a one to one level. There was a relaxed, calm and happy atmosphere at the service with lots of smiles, good humour, fun and gestures of affection. People were comfortable and happy around staff and there was laughter between them. The interactions were warm and loving with gentle touches like holding hands or arm around a person's shoulder. We observed one person in the dining area who started to get frustrated with eating their lunch. A member of staff asked if they could join them and sat next to the person. Engaging in conversation the member of staff reassured the person and encouraged the person to eat their lunch. Conversation carried on with smiles and laughter and the person enjoying what they were eating.

Staff were highly motivated with exceptional knowledge of people and their needs and had developed meaningful caring relationships. One member of staff told us "We get to know every single person well. The care plans are so detailed and speaking to a resident when they come to live here over time we know everything they and their families share with us. I am not just saying this but we really are the best home and really care for everyone and each other". We observed kind and respectful interactions where people were given time to express themselves fully. Staff were responsive to requests for support and reassurance. For example, one person appeared confused and required reassurance. A member of staff instantly saw this and came to assist the person, sitting down at eye level with them and held their hand speaking softly and calmly to the person. We observed that this support had a positive impact on the person's emotional wellbeing and became reassured and entered into a conversation about the weather. It was obvious the member of staff knew the person well and how to ensure they were cared for in the correct manner to their

needs. We observed staff had a genuine interest in the wellbeing of residents, engaging them in conversation to check how they were feeling and if there was anything they needed.

We observed staff in all roles spending meaningful time with people and how much staff knew people. For example, we saw housekeeping staff stopping and chatting with people in their rooms and communal areas. The chef personally asked people what they would like for lunch and later came into the dining room at lunchtime and spoke with people. We also observed the registered manager and provider taking time to speak with each person throughout the day. There was a high level of engagement between people and staff and this had resulted in people feeling empowered to make their own decisions. For example, people chose to go out when they wanted to. Others spent time in the privacy of their own room. We saw one person using their portable DVD player to watch a film, they told us "I love my DVD player, and my favourite film is an Elvis Presley film. I am always chatting about it to the carers. They look after me well and care for me, I know that". People sat in different areas of the home, such as in the dining area, lounge or outside, and chatted to each other, visitors or with staff.

As stated by the provider in the PIR 'When people are nearing the end of their life they receive compassionate and supportive care as reflected in the numerous compliment cards and other correspondences from relatives. The care is delivered by skilled staff (12 staff have completed MacMillan palliative training). People are given support when making decisions about their preferences for end of life care. In order to avoid distressing conversations at delicate times the home aims to speak with residents and relatives about preferences for end of life care shortly after admission (as part of a process). This is reflected in the individual care plans of each resident. The service ensures that facilities and support are available for people, those who are important to them and staff before, during and after death'. We saw clear evidence of this on the inspection.

People receiving end of life care were treated with exceptional care and compassion. The service had strong links with a local hospice and a local Palliative Care Coordinator, who provided training recommendations and support for staff to provide high quality care for people nearing the end of their lives. The service had undertaken training with Macmillan end of life courses in high quality end of life care. This meant the service focused on quality standards which were recognised as offering a high level of palliative and end of life care for people. We looked at end of life care plans for people, which were devised with people and their relatives. These detailed how people wanted the end of their life to be and records showed that where people did not want to be taken to hospital at the end of their life, this was honoured. A health professional told us "I have great faith in the clinical opinions of the nursing staff they provide excellent care and following advance care plans and contingency plans. They are rightly proud of the fact that almost every resident who dies does so in the home rather than in hospital".

Staff had attended funerals and this was encouraged by the management team. Compliments that relatives completed following their loved ones funerals showed that families appreciated this. The provider told us that it was also planned to have an area of the new garden with a memorial area for people and relatives.

The registered manager and provider told us they offered families the opportunity to continue to visit the service, following the death of a loved one and remain part of the home. One such relative visited on the day of our inspection. They told us how supportive all the staff had been and how they came back often and was also involved in the beer club. The relative spoke highly about the end of life care their loved one had received and how involved they were in their care. They told us "The care my relative received was out of this world, nothing was too much trouble, they were so well looked after it was a real comfort for me to know that they were made as comfortable as possible before they passed". The relative's loved one had passed away around six months ago but continued to be supported by the service. They went on to tell us how

much support they had received since their loss. They told us "They [staff] said to me visit us whenever you want, I didn't at first but then they contacted me and invited me to the weekly music events and the activities within the home. I'm on my own now but I feel I have Woodlands if I need them. I feel a bit like part of their family, they are brilliant and all I can say in my case is they really go above and beyond, they are great people".

Staff spoke passionately about people whose lives had improved since they came to live at the service. For example, one person who came to the service to receive end of life care had their life improve over time with the staff committed to giving exceptional care to the person and working closely with a range of health professionals. This exceptional personalised care enabled the person to become well enough to return home. We were shown evidence which included photos of the person and staff celebrating the person was well enough to return to their own home. Another success story shared was around a person who arrived at the service unable to walk and PEG fed. PEG (percutaneous endoscopic gastrostomy) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. 18 months later the person successfully had the PEG removed and was fully mobile again. We spoke with the person who told us "Yes they were so patient with me and all I could do was nod and they asked me, If we help you are you willing to try. So they encouraged and helped me and look now". We spoke to this person's visiting relative who also told us "When my relative first came here we were told by the hospital she would never walk, speak or eat without a peg feed ever again. Well purely down to the exceptional care they have had here, they are talking, walking with a frame and eating. That's been down to the determination and care of this place". The registered manager told us "This is a great home and I and my staff get great job satisfaction changing people's lives for the better. We have already had some great success stories and maintain what we need to do for people to ensure they get the best possible care and support to live their lives".

On the day of inspection it was a very hot day. Throughout the day all staff consistently showed a remarkable caring and compassionate attitude towards people's comfort and going out of their way to ensure people were comfortable. We observed one member of staff asking people if they would like a fan to feel cooler. One member of staff asked a person "How are you, would you like a fan to cool to off a bit, it's so hot today isn't it". The person was very appreciative of this and thanked the member of staff. Cold drinks, fresh fruit and ice lollies were offered to people to ensure they were hydrated in the hot weather. Staff went the extra mile and ensured the fruit was cut up and presented in an attractive way, to entice people to take some. One person told us "They cannot do enough for us, it warms my heart they are all so lovely". A member of staff told us "It is so hot today, but we need to ensure everyone is getting drinks and comfortable. That is my main focus today".

Staff took their time with people and did not rush or hurry them. Staff were aware of the importance of respecting people's rights to privacy and dignity. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. One staff member told us "We will always ensure that doors are closed and people are given privacy. When helping someone with personal care I ensure they are comfortable and covered up with a towel".

People were consulted and involved in decisions about their care and signed their care plans to confirm they agreed with them. Each person had a key member of staff who co-ordinated their care, and looked after their wellbeing. They reviewed and updated each person's care plans with them regularly. A range of information for people/relatives was provided all around the home to inform and empower people to be involved in decision making. For example, about a variety of health conditions, about impartial advisory and advocacy services and how to recognise poor practice or abuse and contact details to report concerns/complaints.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One staff member told us that they would never just 'do things' for people. They would always involve people in making decisions and maintaining people's independence. Another staff member added "We won't take over, we will encourage people to do what they can for themselves". We saw examples of people using adapted cups, to enable them to drink independently, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their hair and getting dressed.

Staff had a good understanding of protecting and respecting people's human rights. One staff member said, "Every person has their choices and rights that we respect and ensure we are meeting their needs". Staff also described the importance of promoting each individual's uniqueness and were passionate about providing a non-discriminatory service. We saw that religious services took place and we found evidence of the impact this had on people. For example, one person told us "The Nuns come in to see us and I get communion in my room, they don't forget me here". This meant that people were enabled to follow their faith, worship together and to take Holy Communion if they wanted to.

Is the service responsive?

Our findings

People, relatives and health professionals consistently told us how the service was exceptionally personalised to meet people's individual needs. Staff spoke with pride and passion about the way people were cared for. Management and staff continuously looked for ways to improve people's care so they received positive experiences and led fulfilling lives at the service. One person told us "The staff are amazing, just amazing. They cannot do enough for you and help me so much. The nurse is a godsend and meets my needs for sure". A relative told us "My relative hasn't been easy and can be quite challenging. They were originally on the upper floor but they were moved downstairs and three different rooms were tried out to see which would suit them the best and now they are really happy and cosy with their room and much more settled".

One health care professional told us "The system woodlands has in place regarding the 'alarm' system for the residents makes for care to be delivered rapidly. There is always a member of staff within the lounge and more often than not there is entertainment and interaction going on". Another health care professional said "I have great faith in the clinical opinions of the nursing staff. They are both incredibly caring of their residents' wellbeing and clinically sound and sensible. We have achieved a huge reduction in inappropriate admissions to hospital, which is in the best interests of the patients and of the NHS by them providing excellent care and following advance care plans and contingency plans".

The service found creative ways to enable people to live life to the full and continued to do things they enjoyed. The service was currently a pilot site for a United States based charity 'Music & Memory'. Music & Memory brings personalised music into the lives of older people and people living with dementia through digital music technology. Eleven members of staff had been trained on the theory and implementation of 'Music & Memory' over a three day period. The service maintains a bank of IPods which are loaded with personalised playlists for each person. The playlists on the IPods were compiled with input from people and their relatives with the intention of bringing familiar and loved songs back into their lives. Individual hanging cases for the IPods and headphones had been made for the service by a student from a local college they work closely with. The provider had also installed a juke box in the dining room. This also enabled peoples IPods to be connected to the juke box for people to listen to their favourite music. One person told us "I love listening to the old tunes, it really is lovely. I remember them well".

Research has shown that people can be comforted by the presence of animals and visits from a PAT (pets as therapy) dog can be therapeutic for people. With this in mind the provider was innovative and set about identifying a suitable adult dog from a local breeder that could spend a substantial amount of time with the people as a resident PAT (pets as therapy) dog. Grizelda the PAT dog came to the service for a four week trial and has been a much loved feature at the service ever since. Grizelda was put through the PAT registration and training process and when off duty lives as a family pet with the provider. Both the provider and the lead activity coordinator also went through the PAT assessment process and are now registered PAT handlers of Grizelda. People told us how they enjoyed and looked forward to Grizelda's visits. One relative told us "My relative resides in their bed and when the dog visits, they get onto their bed and my relative just comes to life, it's wonderful".

We spoke with both activity coordinators who both worked across six days a week. The coordinators planned the activities but told us that they ask people regularly what they would like to do and if people aren't interested at the time then it would be changed to suit their needs. One member of staff told us "Yesterday we'd planned to do keep fit but it was just too hot and no one wanted to do it, so we changed the activity". Activities available for people included arts and crafts, sing a long, digital drawing, Elvis Classics, skittles, movie and ice creams, quizzes, treasured memories/ colouring. There are also a variety of entertainers coming into the service including a violinist, guitar player, singers and a planned garden party. A member of staff told us "We have parties and invite family and friends, it's important for people to be amongst people from outside the home. We are going to have a preschool group coming in soon to sing nursery rhymes and have drinks and a snack so it gives people the chance to be with younger children as well".

We were shown a variety of evidence relating to art and craft activities which were on display. Mindful that not everyone was keen on group activities, staff spent dedicated one to one time with people. People who remained in their rooms were also involved and activities included hand massage, music and reminiscence sessions. A member of staff said "Some people don't want to be in a group and prefer their own company and like to stay in their rooms. Sometimes all people want is your time and to chat. I visit everyone every day in their rooms whether they are in bed or not. One resident could have become quite isolated but I found that he loved trains so we talked about it and I use the iPad to show footage of trains which meant we could chat about that too. Another resident used to love art and the theatre but wanted to be by herself but I tried to encourage some sensory painting which she tried and now does get involved. For people that stay in bed we made sensory bottles that can be shaken to give people something to look at. I sing to people, do hand massages, people like to be touched or sometimes they want to express some anger. People also have preferred music choices on in their rooms". The member of staff went on to tell us of one person who had an interest in trams and how they were currently sourcing a projector so they could project trams above on the ceiling whilst they were in bed.

People we spoke with made reference to the activities provided. We observed one person sewing their own dress with a sewing machine that had been set up for them in the lounge for them. One person told us "I enjoy the singing and music entertainers. Another person said "We do all sorts really, there's always a bit of something to do if you want it. They ask you but no one forces you to anything you don't want to". A relative told us "They've got my relative to do things and activities that I could never have got them to do. They also have thought through their hair washing and use sachets instead of bottles to get their hair washed and I asked for the telly to be positioned in their eye line which they've done".

The home involved itself within the local community and had become a hub for an appeal for the local neo natal baby unit. Several of the people of the service were keen knitters. Supported by the provider and with the help of local volunteers they lead a knitting club from the service. We were shown a local paper where details of soft wool hats and mittens had been presented to the neo natal unit by the service with a photo of people and the provider. One person showed us all their knitting and how it is donated. They said "I did some sewing yesterday and someone had a dress that needs altering so I've told her to bring it in and I'll do it"; The person's relative told us "Isn't that wonderful, it keeps the brain cells working".

Staff were trained and focused with people living with dementia and people who could become challenging with their behaviours. One person who had recently come to live at the service presented some challenges. Their care plan was detailed and focused on how staff could reassure the person and deal with any situation that may challenge. Details included how the person did not like bright light and liked to sit with their back to windows. We observed on two occasions when the staff were assisting the person into the dining room and lounge that they calmly discussed this with the person and ensured they were sitting away from any

bright light. Staff showed great rapport and knowledge on responding to the person's needs in a way that improved the person's well being.

The provider and registered manager had great understanding that an older person with or without dementia could perceive their surroundings differently and it is important when designing and planning refurbishments. Good planning and design can help in making it easier for people to interpret and navigate a service in safety, and the use of colour and contrast can be used in different ways to assist in this. The management team had investigated into using the most appropriate colours for various rooms in the service. The provider showed us where a room used for activities and lunch had recently been painted a yellow colour. The provider had researched colours and environment's for people living with dementia and found that yellow was a known colour to assist with people's well-being for example to help people suffering from mental lethargy.

The provider had been innovative in improving risk management upon admission of a new person to the service where updates on a wide range of documentation needed to be completed. They told us this could be a timely process and could be susceptible to human error for example when a date of birth is manually entered onto many documents. The provider had created and built an IT system that would improve this, by inputting information into various parts of the documents. The wide range of documentation was then automatically updated. As well as improving safety this also improved effectiveness and helped to ensure that staff had the personalised guidance they needed to provide consistent personalised care. We were told a task that previously took the care and administrative managers a morning now takes them 10 minutes.

Care planning was focussed upon the person's whole life. People and relatives were asked to complete a comprehensive 'life book /social profile' upon admission to the home. This was a wide ranging document that included people's history, preferences, skills and a family tree. This enabled staff to ensure that a holistic approach to care was taken. People's likes and dislikes were taken into account in their care plans, so staff knew people's personal preferences in receiving care and support. They were consulted and involved in developing and reviewing their care plans. One person said, "They go through my folder [care plan] and make sure I am happy with everything and see how I am improving. I can tell you they make sure I am getting better, bless them". Relatives confirmed staff kept in regular contact with them and also involved them in day to day decision making for people who lacked capacity. Comprehensive personalised care plans were clearly laid out, up to date and were regularly reviewed. Staff told us they accurately reflected people's current care needs, which helped them recognise changes in a person's physical or mental health. Care plans showed what people needed support with. For example in one care plan it detailed a person could become agitated due to loud noise or a chaotic environment. Staff were then required to sit with the person and remove them from the environment if required then the person would interact well and cling to a familiar person. We observed this person in the lounge in the afternoon who became a little agitated. Staff were responsive to this immediately and offered reassurance, which then the person appeared comfortable and calm with their surroundings.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed in the service. Complaints made were recorded and addressed in line with the policy with a detailed response. People we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Is the service well-led?

Our findings

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. People, relatives and professionals spoke highly around the exceptional quality of care provided at Woodlands Nursing Home. One person told us "Oh my, what can I say about the manager. She is absolutely delightful. Always comes to see me and asks if I am ok and has a lovely chat with me". A relative told us "Always get a super warm welcome and the offer of a drink, it's like a family it really is". Another relative told us that if they needed a home in the future, this would be the one. They said "I want to put my name down, it's very good". Without exception people and their relatives were happy to recommend the home. Comments included "We couldn't have asked for anything better", "It's lovely here I'd recommend it to anyone" and "I'd highly recommend it here to anyone, yes your relative would be happy and well cared for here".

One health care professional told us "There is excellent communication between all the members of the staff, from the managers to the nurses to the carers and with helpful and effective facilitation of the care and treatment I deliver when at Woodlands". Another health care professional said "The provider and manager seem to lead well from a managerial point of view, and the nursing managers appear to also lead their teams well. I do not say this lightly, but if I had a relative who needed to be in a nursing home I would choose for them to go to Woodlands if I could".

People looked happy and relaxed throughout the inspection. The service had a relaxed and happy atmosphere where relationships between staff and people that had built up over time. People and staff we spoke with spoke of feeling a family atmosphere at the service. One person told us "We really are a big happy family here. I am so happy to be here with all these lovely people". Staff said that they thought the culture of the home was one of a homely, relaxed and supportive environment.

The culture of the service was open and inclusive and encouraged staff to see beyond each person's support needs. The provider had clear values which the registered manager promoted to staff. Staff demonstrated the provider's values of 'privacy, dignity and respect' to help people succeed and celebrated their success. We observed one person finding it difficult to stand from a chair. A member of staff came over to the person and encouraged them to sit slightly forward on the chair and use their walking aid, encouraging the person to stand. The person managed to stand up and praised the member of staff. The member of staff then praised the person for managing to stand with their aid. After this the registered manager spoke with the member of staff on how well they had managed the situation and encouraged the person's independence. Staff felt that the reason for the consistent high quality of service came from the proactive and positive leadership which filtered down to all of the staff. Staff consistently gave us positive feedback about the registered manager's and providers passionate and driven leadership. Comments around the registered manager included, "Very caring and proactive is what she does", "She's brilliant, flexible, if you've got an issue she'll sort it out", "we have a very good rapport", "She's always around and is easy to talk with", "If I feel something's not right, she'd sort it" and "She listens and takes actions. Her finger is on the pulse". Comments around the provider included "Proactive about dealing with concerns." "He (the provider) is very

hands on, he listens to us and asks us about how the service is run, and he makes us feel part of any changes and brings us along with any changes". This demonstrated that the passion and drive from the registered manager and provider promoted an open and transparent ethos within the service. This enabled people who used the service, those that mattered to them and staff to make their views, ideas and concerns known. One member of staff told us about how everyone had ideas about the new garden and how they personally felt part of the development and their opinions being listened to.

The provider had robust and embedded quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. A strong emphasis on continuous improvement was evident throughout the inspection. Over the past months the service had revised and updated a number of systems and processes, including policies and procedures in conjunction with the RNHA (Registered Nursing Home Association) excellence in care programme, training records and a redesign of the clinic room. This was managed via a continuous improvement board in the office where improvement opportunities were recorded and tracked until implemented. On-going learning and development by the provider, registered manager and staff meant that people who lived at the service would benefit from new and innovative practice's the provider and registered manager had introduced. The provider and registered manager showed an outstanding drive and passion to ensure the service was under a continuous improvement plan and working to be an outstanding service, ensuring people were at the heart of the service. We were shown evidence of the work they had undertaken to achieve this. This included the provider employing a continuous improvement officer to assist with the improvements and extension that was taking place. The member of staff's sole role is to support the provider with continuous improvement. When a major improvement opportunity was identified it was written up in a project plan with timelines, milestones and responsibilities defined. These were then prominently displayed on a continuous improvement board in an office with progress tracked until full implementation. Innovative methods were then used to identify and analyse improvement opportunities. For example a time in motion study of the carer role was undertaken which lead to the redesigning of a store room and provision of restocking areas throughout the home for items such as PPE personal protective equipment. This assisted with reducing time for staff sourcing/looking for items to care for people, freeing up time for staff to care for people.

The passion and on going drive of the provider and registered manager to always seek out new ways of enriching and improving the lives of people shone through the inspection and was evidenced in a continuing willingness to seek out feedback. Consultations had taken place with people over the extension to the service. We saw records of conversations with people and relatives. One person had raised a concern that the view of the garden may be reduced by the extension. This person was shown the plans of the development and also offered the opportunity of viewing the extension when completed with a choice to change their room with a greater view of the garden if that is what they would prefer. We were told that when the extension to the service is completed the provider will be improving and redesigning the garden. A garden committee had already been set up with a person from the service heading the committee. People, relatives, staff and the local college would all play a part in the design and build of the new garden project. People told us they were looking forward to playing a part in this and enjoy using the new garden when completed. This enabled people to feel empowered and listened to with their opinions counting towards any changes in the service.

In pursuit of excellence the management team had also completed a detailed and comprehensive study on CQC inspection reports for surrounding services and all of the nursing homes in the country rated as outstanding. The provider identified themes and ensured that, where appropriate these areas of outstanding practice were adopted or reinforced for Woodlands Nursing Home. The provider did the same for underperforming homes. This enabled them to see what was a common theme of improvements required and how services were underperforming. From this, the management team got in contact with

services that were rated outstanding and requested to visit these services to get a greater understanding. From these visits inspirational discussions were had with staff and management and action plans created on ways improvements and ideas could be brought into Woodlands Nursing Home.

There was a clear vision and set of values. The vision of the home was clearly outlined under the 'Philosophy of Care' section of their statement of purpose and is also contained within the residents and relatives user guide. There was a positive culture that was person centred. Positivity was emphasised and formed part of a 360 degree staff appraisal system that was in place. The provider has implemented this innovative staff appraisal system that was based around our five key questions is the service safe, effective, caring, responsive and well-led. In an anonymous survey each member of staff scored every other member of staff on the five key questions. The management then aggregated and analysed the responses and this forms the basis of the feedback system and the drive for continuous improvement. Staff then had the confidence to question and improve practice and enhance their morale.

The provider strived for excellence and improving the lives of people who lived at the home through involvement with external organisations and the local community. This included local schools, churches and clubs. The service had also forged a close link with a local college. Each week students from the college come in and helped in a variety of ways. This included supporting the Music & Memory project, helping with the operational redesign of the clinical room and spending time with people. We spoke with a tutor from the College who had been working closely with the service. They told us that they had been involved in the successful implementation of the Music and Memory project. There had also been a presentation of the history of Burgess Hill and Ditchling for people which also created much reminiscence conversations with the students. Going forward there are plans for the garden project. From the positive outcomes of the interactions for people and students. The tutor told us "It is apparent that the students gain benefits from spending time within the home with older people and the sharing of experiences and knowledge, its win win all round".

Feedback from people and relatives had been sought via surveys. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. Surveys were sent to people at the service and relatives, results were very positive and highly scored. Suggestions included improvements around facilities. The provider had started to address this by converting some of the bathrooms into wet rooms which would assist people to access them more easily. The provider also told us of improving the staff's well-being which included taking staff to a well-being retreat planned for September 2017. The retreat involved team working and mindfulness for staff of all levels working together.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was fully supported by the provider and up to date sector specific information was also made available for staff. We saw that the service also liaised regularly with health professionals in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

