

Hessle Properties Limited

# Woodleigh Manor Residential Care Home

## Inspection report

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Date of inspection visit:

06 December 2017

21 December 2017

Date of publication:

20 March 2018

## 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?

Good 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on the 6 and 21 December 2017. At the last inspection carried out in June 2015, the service was rated Good overall and Outstanding in the 'Well led' domain. At this inspection we found that the service was now Outstanding overall.

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

The service provides accommodation and personal care for a maximum of 34 older people, some of whom may be living with dementia. It is located in a quiet residential area in the town of Hessle, in the East Riding of Yorkshire. At the time of our inspection the service was fully occupied.

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

During our inspection, we found exceptional standards of care. The registered manager and staff were absolutely committed to delivering a personalised service. They worked collaboratively with people, their visitors and health and social care professionals to ensure the care provided met each person's individual needs. We observed staff demonstrated a compassionate, kind and caring manner towards people who lived at the service. We saw many examples of how the caring approach of staff had a very positive impact on people's lives.

People received care and support that was extremely flexible and responsive to their individual needs and preferences. The registered manager and staff were creative in enabling people to live as full a life as possible, particularly where their skills had deteriorated. We saw numerous examples of staff going the extra mile, ensuring that the service was focused at all times on people living there. People's individuality was supported, which enabled people to grow in confidence and regain and develop as much independence as possible. The staff and management were very proud of the support they provided and the positive outcomes that people had achieved.

All the people, visitors and health and social care professionals we spoke with were extremely complimentary about the registered manager and staff at Woodleigh Manor. They were described with terms such as "Amazing", "Excellent" and "Truly committed." Visitors were very positive when talking about the staff team that supported their loved ones. One comment that had been left by a visitor said, 'Staff are always there to help and advise, they always go the extra mile and give 100%.'

The registered manager and staff looked for creative ways to ensure people's needs were met, and ensured

any obstacles were overcome when possible. People were consistently treated with dignity and respect and their privacy was respected. Staff were very kind, humorous and patient in their approach. People received care and support from a consistent and dedicated team of staff that put people first and were able to spend time with people in a meaningful way.

The service worked very well with other organisations. People, visitors, staff and health and social care professionals spoke highly of the registered manager; they told us they found them to be committed, supportive and approachable. One health and social care professional told us, "Woodleigh Manor has always gone above and beyond in what they have done for each of the service users I have supported there. This has been done in such a person centred way and I have always had great feedback from service users (if able) and families alike about the care that they and their loved ones felt they have received."

Staff understood the provider's safeguarding procedures and could explain how they would protect people and who to contact if they had any concerns. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely. Staff had received relevant training and regular medicine audits were taking place.

Care plans we looked at included personal information and were person-centred. The plans and associated risk assessments were reviewed and updated regularly or when anything changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, during the first day of inspection we noted the provider had not always followed the correct process for making best interest decisions in line with the Mental Capacity Act 2005 (MCA). We saw some people's bedroom doors were locked whilst they were in their rooms; this was not due to lack of staff as we judged there were sufficient numbers of suitably qualified, skilled and experienced staff to safely care for the number of people living at the service. The registered manager told us this was done to reduce the risk of other people using the service entering people's private rooms and touching their possessions. They told us this had been decided in agreement with the person and their relatives where required. We were unable to see appropriate risk assessments completed in relation to people's safety in the event of a fire, as capacity assessments and best interests decisions for those people who were unable to make this decision themselves had not been completed. The provider and registered manager responded promptly to these concerns and on the second day of inspection we saw appropriate action had been taken in line with the MCA and thorough assessments of the risk to people's safety had been completed.

People had enough to eat and drink to maintain good health and nutrition. People had access to a range of support from health and social care professionals.

The registered manager took account of complaints and comments to improve the service. People and their visitors we spoke with told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

The registered manager understood their responsibilities and ensured people, visitors and staff felt able to contribute to the development of the service.

Staff told us they really enjoyed working at the service and spoke positively about the culture and management. Staff were supported to be valued members of the service. We saw evidence of regular staff

meetings and staff supervision sessions were undertaken regularly.

Further information is in the detailed findings below.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

People were supported by exceptional staff and management who collectively and individually did all they could to ensure people lived a quality life.

Staff were exceptionally patient and kind with people. They were aware of people's communication needs and had time to listen and engage with people.

We observed positive interactions throughout our inspection. People, their visitors and health and social care professionals were extremely complimentary about the staff and management team.

People's diversity, privacy and dignity was respected.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Feedback from healthcare professionals and peoples relatives was extremely positive about the progress and quality of life that peoples using the service were experiencing.

People's care was based around their individual goals and their specific personal needs and aspirations. People with complex needs were being empowered and enabled to achieve positive outcomes.

Creative approaches were used to maximise each person's potential and overcome obstacles. People were supported to pursue and achieve their wishes.

There was a complaints system in place which ensured that any concerns were dealt with in a timely manner.

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

The service was Good.

Staff were well supported and motivated by the registered manager. The registered manager led by example and was a positive role model for her team.

People, their visitors and staff expressed high levels of confidence and respect in relation to the management of the service.

Quality assurance checks were conducted regularly in a range of areas to monitor the service provided. The systems in place had not effectively addressed the concern we identified during in our inspection. The provider and registered manager responded promptly to these concerns and appropriate action was taken.

**Good** ●

# Woodleigh Manor 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 the 6 and 21 December 2017 and was unannounced. The inspection team on day one was made up of two inspectors and an expert by experience with experience of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was completed by one inspector.

Prior to the inspection we reviewed all the information we held about the service including notifications. Statutory notifications are documents that the provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the Local Authority safeguarding and commissioning teams. We used all this information to plan the inspection.

During the two days of inspection we observed interaction between staff and people who used the service, looked around the communal areas and some people's bedrooms and spoke with two people who used the service and five visitors. We also spoke with the provider and registered manager, the deputy manager, a cook, activity worker, four members of care staff and a visiting health and social care professional. We reviewed care plans and documentation relating to the care for two people and reviewed their medicine administration records (MARs). We also looked at documents relating to the management of the service such as meeting minutes, quality assurance systems and servicing and maintenance records. In addition to this we received feedback via email from seven other health and social care professionals who shared their views with us about the care provided.

# Is the service safe?

## Our findings

People and their visitors told us they felt safe whilst receiving their care and support at the service. One person told us, "Yes, I have no problems with anything." Visitors said, "Yes, [Names] room is locked (by choice)" and, "Very safe, [Name] is in bed most of the time, carers go into them, their door is locked so no one can get in." A health and social care professional told us, "Woodleigh Manor is in my opinion a service that keeps residents safe, considering their health and well-being at all times in everything they do."

People's care plans contained individual risk assessments in which risks to their safety were identified. These included areas such as skin integrity, moving and handling, nutrition and hydration and continence. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. This enabled staff to work effectively to keep people safe.

We saw there were no individual risk assessments in place to provide information for staff to adequately understand or mitigate the risks posed to people by having their bedroom door locked. We sought assurances from the registered manager and provider that this practice would be reviewed in line with people's needs. The registered manager responded to our concerns promptly. One the second day of the inspection we saw evidence that the registered manager had completed a night shift to determine peoples abilities to use the thumb turn locks to exit their rooms and completed thorough risk assessments for each person in relation to the locking of the doors.

Staff had the skills and abilities to recognise when people were at risk from behaviour that could challenge others or needed positive support from staff. One member of staff told us, "We have had in-house training around distraction techniques and I am confident at using this. One person is better left to settle themselves and they like to do this in the conservatory."

Some people whose doors were locked were cared for in bed and we observed during the inspection that staff regularly supported these people. Each member of staff held a master key to gain access to people's rooms and a key was held securely in the fire box to allow access to emergency services in the event that this was required. Each person had a personal emergency evacuation plan (PEEP) which contained information if their bedroom door was locked. A PEEP is a bespoke escape plan for people who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. Staff had received training in fire safety and were able to describe their action in the event of a fire. We saw regular refreshers in fire training were completed which included staff, people using the service and their visitors. The last full fire drill was held in August 2017 and we saw the last fire safety inspection of the service was completed in October 2016; no concerns were highlighted.

People were protected by the prevention of infection control. Staff had good knowledge in this area and received regular training updates. PPE (personal protective equipment) was available and used when required including aprons and gloves. The environment was warm, clean and free from malodours.

Staff took appropriate action following accidents and incidents to ensure people's safety and these were

recorded on accident/incident forms. We saw that specific details were recorded and the action that was taken. Any action was updated in the person's care plan and then shared with the staff team. The registered manager analysed this information on a monthly basis for any trends.

People were protected from the risk of abuse because staff understood how to identify and report it. The staff we spoke with were able to demonstrate how they would identify and raise concerns of any risks to people and poor practice in the service. They told us they received training in safeguarding and this was confirmed in the staff training records we looked at. We noted not all of the staff we spoke with were confident in their knowledge of the whistle blowing policy. We shared this with the registered manager and they took immediate action and provided all staff with an update on whistle-blowing.

We observed that there were sufficient staff members to keep people safe in the service. One person told us "Yes (there are enough staff). I am independent and don't use the call bell." A visitor said, "The ratio of staff to residents pleases me, as they know individual residents." A health and social care professional told us, "The ratio of staffing is more than anywhere else I know of in this area and they manage people really well." Staff told us that there was always enough staff on duty to meet the needs of people and the rotas we reviewed showed staffing levels were consistent and maintained by permanent staff.

People were kept safe from being cared for by inappropriate staff because the provider carried out checks on any new staff that they recruited. The recruitment process included obtaining a full employment history with explanations for any gaps in employment, two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely. Regular auditing of medicine procedures had taken place, including checks on the accuracy of records. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines safely and appropriately mid-afternoon. They did so respectfully and stayed with the person until they had taken them safely.

Medicines were stored appropriately and securely in line with legal requirements. They were ordered appropriately and disposed of safely. A health and social care professional who supported the service with medicines management told us, "The staff ring and ask for our medical advice and from what I have seen when visiting they follow any advice given. They also take any feedback from audits and implement anything that seems necessary."

## Is the service effective?

### Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. People told us "Yes" when we asked them if they thought staff had the skills to do their job. All of the visitors we spoke with agreed. A health and social care professional told us, "I feel throughout the management and the staff their knowledge and skills when working with people, in particular with dementia and complex mental health needs, are very good and this contributes to the people I have supported there being kept safe."

We looked at staff training records to see what training they had completed. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the service. We saw staff were supported through induction and regular impromptu (done without being planned or rehearsed) training was completed at the service, alongside mandatory training. For example, staff had received updates in catheter care, oral care, diabetes, changes in behaviour, pressure ulcer management and prevention and ReSPECT. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

Visitors we spoke with told us communication between themselves and the service was good. One told us, "That is the main reason why I am happy [Name] is here - they keep me in the loop." Health and social care professionals told us the service provided effective care to meet people's needs and were able to give us examples of how this had benefitted their health and wellbeing.

Professionals explained that staff only sought their advice for people's complex problems, planned strategies to help people overcome anxieties and then worked in ways that best suited people's individual situations. The staff always checked out strategies with professionals before implementing them.

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 so that they can 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 provider was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and DoLS and had received training in this area.

Overall people experienced the ability to make decisions and we saw where possible people signed agreements to care and treatment and to the content of their care plans. Where capacity was an issue necessary decisions were made in people's best interests to protect their rights. A visitor told us, "I have recently been involved in a best interest meeting for [Name of relative]." A health and social care professional told us, "They (the service) take some quite complex service users that we would have difficulty

placing elsewhere. It can be difficult and Woodleigh understand that it is in people's best interests not to be moved about if we can help it – they work hard supporting people in the right way."

The service had followed this process when applying for DoLS but not in all cases. For example, no best interest decisions were recorded to show how the decisions had been reached for people's bedroom doors to be locked. We discussed our concerns with the registered manager who assured us this would be addressed and by the second day of our inspection they had taken prompt action. We saw evidence that the local authority DoLS team had been contacted for support and where capacity was an issue 'best interest' decisions were in the process of being completed with relevant professionals and relatives in relation to the locked doors.

There was documentation within the care plans where LPOA orders were in place. This ensured staff were aware of who was responsible for or involved in decision making for individuals.

Records showed that staff supervisions were up to date and they had annual appraisals which gave an overview of their performance during the year. One member of staff said, "I have supervisions every three months and annual appraisals. I feel very supported."

The registered manager told us that since the last inspection the home had been given a 'silver' award in the Nutrition Mission organised by the Humber NHS Foundation Trust. Nutrition Mission is a dietetic led award-based incentive scheme for optimising nutrition in care homes across Hull and the East Riding of Yorkshire. To achieve this award the service had received an annual review to ensure continued achievement and had a nominated member of staff who was a nutrition champion. We also saw a visitor to the service was a food/mealtime quality auditor. They visited the service most days and sampled the food and the service. Regular meetings were held between the visitor and the registered manager to review the findings.

From examining records and speaking with the registered manager we saw that the time for lunch had been changed to half an hour earlier in response to people's preferences. This change had been monitored and was working well. This showed us that people's views were listened to and acted upon.

We spoke to a member of kitchen staff and they had a good understanding of people's individual dietary requirements, preferences and choices. Our observations at lunchtime on the first day of inspection indicated that it was an enjoyable and sociable occasion. People enjoyed their meals and staff were attentive to their needs. One person told us when we asked about the food, "It is good and wholesome, and I get a main meal each day but can have other choice if I don't like it." A visitor said, "The food is super and [Name] is so well fed and their food is pureed." People at risk of malnutrition or dehydration were monitored. People's weights were recorded regularly and food and fluid intake monitored when required.

People were supported by a staff team that worked very closely with other organisations and families. The registered manager and staff liaised with health and social care professionals to ensure people using the service received the support they needed and all of the feedback we received from other professionals was very positive. One told us, "I am always contacted by the staff to inform me of how the service user is doing and additional support from outside agencies such as social services and the community mental health team (CMHT) is sought at the most appropriate opportunity - this is normally when the staff themselves have tried everything possible within their remit."

## Is the service caring?

### Our findings

The care people received was exceptional. Staff looked for creative ways to ensure people's needs were met, and ensured hurdles were overcome when possible. Staff were observed to be very kind and patient in their approach, using good humour, listening to what people said and observing gestures and body language. People were consistently treated with dignity and respect and their privacy was respected. People received care and support from a dedicated team of staff that put people at the centre of their care and were able to spend time with people in a meaningful way.

The philosophy of care at the service was based on the belief that people should be treated as individuals and afforded privacy, dignity and compassion; this was reflected in the care that people received. We saw that people were exceptionally well cared for. People we spoke with confirmed this. Visitors felt staff were caring and their comments were without exception complimentary. One told us, "Yes they are so caring, even when [Name] is verbally abusive to them" and, "They always jolly him on and he smiles at them." We saw one visitor had left a comment at the service which said, 'Woodleigh Manor might be called a care home but it is more than that. It is excellent and they do really care. Care means more to them. They are one big family and they care about everyone, including visitors as well.' A health and social care professional told us, "The manager and their team are amongst the most caring staff I have encountered."

People benefited from a staff team that were highly motivated, determined and creative in overcoming obstacles to enable people to achieve quality of life. Many of the staff team were long standing with some working years for the provider, enabling continuity and a consistent approach by staff to support people. We were given many examples of how people had experienced positive outcomes in their wellbeing and confidence because of how the staff cared for them. We received feedback from a health and social care professional that supported a person who lived at the service. They told us, "Woodleigh Manor has always gone above and beyond in what they have done for each of the service users I have supported there. I placed a person in the home several months ago who has complex mental health needs. The management and staff took it upon themselves to read up on this person's specific diagnosis. They found ways to support them that people have not been successful in doing for around 40 years. They were used to rejection on every level, however, Woodleigh Manor have given them the opportunity to have a home and a family type environment as and when they want it depending on their mental health at that time. They gave them a space in the home for their (hobby) and gave them an opportunity to act as a volunteer in the home, meeting and greeting people who arrived. Due to their mental health needs they often tried to push people away, but Woodleigh Manor staff persisted and showed them that they would be there for as long as they needed them. This has helped [Name] build up trust and form relationships in a much more positive way than they were able to before."

We made many observations when the registered manager and staff were engaging with this person during the inspection and saw they did this at eye level and made positive eye contact, speaking to the person clearly and with empathy and understanding. Staff listened to what the person was saying with patience and without taking over the conversation. It was clear that the registered manager and staff knew and met the person's needs well.

Staff recognised and resolved things. For example, we saw the service had provided a 'lock bottle' for one person to keep their alcohol in. This helped reduce the worry the person was feeling when they could not see how much they had remaining. A health and social care professional had commented they thought the 'lock bottle' was a fantastic idea and showed the service and its staff really looked at how to keep people safe but still provide individualised personalised care. They said the gadget had helped the person manage their alcohol intake safely and helped reduce their worries.

During the inspection we saw staff took the time to listen and interact with people so that they received the individual support they needed. People were relaxed in the company of the staff, smiling and communicating happily using either verbal communication or gestures. Different approaches were used to suit people's personalities, this included touch, observation and visual aids to promote choice and encourage inclusion. There was plenty of laughter and at times staff sat with people and spoke quietly and calmly.

Without exception, health and social care professionals and people's visitors we received feedback from were complementary and positive about the staff. A visitor told us the service and staff were, "Excellent." A health and social care professional told us, "They (staff) understand and know the clients and their families well, and provide excellent care, demonstrating empathy and going the extra mile in caring for patients. All of the relatives of clients of mine at Woodleigh Manor have been genuinely fulsome in their praise of the manager and her team, including families whose relatives had only had an assessment and not been suitable for a placement there."

Staff had built up close relationships with people's families. People were encouraged and supported to keep good contact with family and friends. Visitors told us they were able to visit the service without undue restrictions. All of the visitors we spoke with told us they could visit anytime and were made to feel very welcome by the staff who offered refreshments. We observed this during the inspection.

Staff ensured that people were supported to be as independent as possible and had used a variety of methods to support people to communicate and keep safe. We saw the service had purchased digital technology to support one person whilst out in the community. The 'My Vitals' system stored the person's name, address and telephone number. This meant the person could maintain their independence and confidence going out into the community. Their vital information could be retrieved at the push of a button in the event they could not get back to the service. 'My Vitals' is a personal store for critical information. We noted there was a picture menu showing the meals people could choose from, and in one person's bedroom we saw a sign to prompt them to remember to lock their door. Another person had a large picture of a bus in their room. A member of staff told us, "We ask the person, where are we going today? When the person answers we write down the destination, it is usually a local place or the coast. The person then shares their memories of the place with us." We saw photographs of people's era all around the service. People were able to walk all the way around the service freely using the photographs along the way as a guide. This meant people that wished to walk around consistently could do so with no restrictions.

People were encouraged to remain independent. One person told us, "The cleaners do my room but I can straighten up my own bed." A member of staff told us, "I always speak to people and ask if they can do things, for example, with personal care themselves. If they can this helps to maintain their independence. If I am helping I always ask if it's okay first." Visitors commented, "They (staff) do encourage [Name] to feed themselves" and, "[Name] can feed themselves and do their own teeth, but needs assistance with dressing."

People's differences and preferences were respected and staff adapted their approach to meet their needs. People were able to maintain their identity; we saw people wore clothes, jewellery and make up of their

choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and the care plans we reviewed showed that people were able to maintain their religion if they wanted to. We were able to look at all areas of the service, including some people's bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal items and photos on display. People were supported to live their life in the way they wanted. One person told us "I choose to eat in my room or I can go to the dining room if I want." Another said, "I choose when to go to bed and where I eat."

All of the people we saw using the service were clean and well groomed. Staff called people by their preferred names, knocked on people's doors and waited before entering. We saw that staff spoke with people while they moved around the service and when approaching people, staff would say 'hello' and ask people if they were 'okay.' Staff responded promptly to any requests for assistance and were emotionally supportive and respectful of people's privacy and dignity. One person told us, "Oh yes they all do" when we asked them if staff maintained their privacy and dignity. We saw that staff communicated well with one another passing on relevant information to each other regarding the care they were providing.

The service demonstrated a strong person centred culture and supported and encouraged people to express their views. We saw from audits completed at the service that residents' meetings had been reviewed and were not working. The registered manager had addressed this told us they planned to hold small group discussions involving two or three people to see if this worked better. It was clear that people's opinions were listened to and taken on board. Satisfaction surveys were completed with visitors and people who were new to the service after one month and we saw this included discussions around peoples understanding of information on the service, if they felt well treated and listened to and if the person (or their relative) knew how to complain. Other surveys were completed regularly with people (and relatives) about the quality of food and drink, activities and any particular requirements people had including the name they wished to be addressed by and how people felt with terms of address such as 'Love' and 'Sweetheart.'

We could see from evidence we reviewed that people were encouraged to be involved in the running of the service. We saw people had their own roles such as greeting visitors when they arrived and ensuring the blinds and curtains were closed of an evening. One person had been given an award for this for helping to keep the service safe.

At the time of our inspection we saw that three people were receiving support from an advocate. Advocates provide independent support to help ensure that people's views and preferences are heard.

## Is the service responsive?

### Our findings

People received care and support that was without exception person centred and responsive to their needs because staff and management were committed and focused on what individual support people required whilst living at the service. People were placed at the centre of their care and were able to develop skills and grow in confidence and we saw many examples of this. We saw written feedback from peoples relatives which included, 'All of the staff are 100% truly committed, professional and incredibly caring' and, 'Staff always go that extra mile and give 100%.'

Without exception, health care professionals told us that the service was extremely responsive, always promoted people's independence, and was proactive and knowledgeable. We were given many positive examples of responsive care that had improved people's health and wellbeing. One told us, "I have a patient there at present who has been there some time and was previously placed at other homes; they have very complex mental health needs exacerbated by dementia. The staff have worked tirelessly with the family, service user and ourselves. They have been open to psychology to do a formulation and open to medication reviews. They have a good awareness of potential risks when medications are altered and they prefer the least amount of medications to be given to people at all times as well as the least restrictive interventions used."

The registered manager and staff team worked in close partnership with other organisations at a local level to make sure they were following current good practice and providing a high quality responsive service to people which led to positive outcomes. For example, the service was asked by a healthcare professional to undertake a piece of work to identify how a person with complex needs presented in their times of wellbeing, early and significant distress. This was completed through staff observation, daily meetings and thorough, factual documentation which were reviewed regularly by healthcare professionals. A structured plan for the person to live by in the service and a social hour by hour plan was developed and committed to by the staff team to ensure this was not diverted from to minimise the risk of detriment to the person's achievements. Staff received training from a local mental health team to support them how to deliver an alternative care approach for the person. Over a period of time we saw the person's behaviour and presentation had improved, become less erratic and staff skills had improved in recognising any change in behaviour which was de-escalated quickly. A healthcare professional involved with this person told us, "I am confident that if Woodleigh Manor had not been sought [Name of person] would have had further admissions under the mental health act and would have had several placements' serve notice on them due to their complex needs. They [the service] support the person extremely well."

The registered manager and staff developed strong relationships with people and we saw evidence that staff fully understood what caused each person any distress or anxiety, and may therefore be a barrier to achieving something positive. We saw many examples of where staff had developed multiple ways to work with people to overcome these barriers and help people progress and grow in confidence whilst living at the service. For example, one person with a specific health condition was admitted to the service with multiple needs including behavioural, low mood, incontinence and an inability to walk independently. The person had been constantly supervised 24 hours each day prior to them coming to the service. We saw the person's

needs had been addressed immediately by speaking with their family and looking at their hopes for the future. The person's one to one support was reduced to improve control over their own privacy and the service liaised regularly with healthcare professionals to ensure the person's plans of care were reflective and updated as needed. Improvement to the person's nutritional intake was encouraged following the Nutrition Mission and through exercise, and as this progressed improvement was noted in their physical and mental health. The Nutrition Mission is a dietetic led award-based incentive scheme for optimising nutrition in care homes across Hull and the East Riding of Yorkshire. In a six month period we saw the person had improved so much they were able to walk unaided, only had 10 hours one to one support each day and were now fully managing their own continence.

The staff found creative ways to enable people to live life to the full and continued to do things they enjoyed. We saw some excellent examples of 1-1 and group activities facilitated for people in order to pursue their interests. This included poppy selling at a local supermarket, making Christmas tree decorations, colouring and painting acorns and visits from an 'indoor zoo.' We saw the animals had also been taken to visit people who were cared for in bed. One person had a love of bagpipes and we saw the service had arranged for a piper to come and play for them on their birthday. We saw a comment from the person's relative that said, "To see that piper coming towards us all was moving. I will remember the day always."

The service played a role in the local community and was actively involved in supporting people to continue to access their community safely by making sure people had access to the information they needed in a way they could understand it. We saw the service had spoken with two local retailers who had agreed for a photo of their shop fronts to be taken and to call the service if any person entered needing help whilst out in the community. These photographs were given to people using the service when they went out independently or with visitors/friends. Another person who had limited ability to verbalise had their home address spoken into a recordable pendant which could be played to the taxi driver when bringing them home from the pub. Another person had their shopping list recorded which they played to the shop assistant when doing their own shopping. This demonstrated that the staff used creative ways to enable people to live as full and independent a life as possible where risk taking was encouraged and supported in a safe way.

Care was completely personalised to each person that used the service, and people and their relatives were as fully involved in their care as possible. Staff had an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. The service gathered information at the point of admission which included who the person was, who they are now, who they were before any illness, what makes them who they are and any expectations they have of the service. This helped the staff start to understand the person and what they wished to achieve from their life. For example, two people had expressed a wish to meet a member of the Royal Family. The service had supported them to achieve this. Both people were part of a local media story surrounding a Royal visit to Hull and we saw one person had shaken hands with the Royal visitor and photographs were included on the Royal Family's twitter page. One person was also chosen to switch on the Christmas lights in Hessle and accepted an award on behalf of the service for 'Care Home of the Year 2017' which was presented by the Lord Mayor. This meant that people using the service were supported to achieve their aspirations and felt proud of their achievements.

People's care plans confirmed that an assessment of their needs had been undertaken before their admission to the service. Following the initial assessment, care plans were developed detailing the care and support needed to ensure personalised care was provided to people. People we spoke with told us they had been involved with their care plan. One person told us, "I have seen my care plan, and the staff frequently review it." Visitors told us, "The staff discuss everything with me, and go through [Name's] care plan" and, "I am totally involved, informally and formally."

The records we looked at were accessible, clear and gave descriptions of people's needs and the support staff should give to meet these. For example, one person's plan for mobility and dexterity stated, 'I have poor balance and a history of falls which is also due to my blood pressure. I wear specific shoes.' Another person's plan for hobbies/spiritual and cultural needs said, 'Staff to come and talk to me about the photos in my room. Social staff to look after my nails and give me hand, arm and leg massages.' Staff completed daily records of the care and support that had been given to people. We found records of care delivered were in line with people's assessed needs.

People's care plans were centred on their individual needs because they contained information about people's life history and individual preferences. All of the visitors we spoke with said they thought staff had good knowledge of their loved ones. One told us, "I did a profile for them about what [Name of relative] liked to do." Staff told us the information in care plans enabled them to provide care that met people's preferences. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis. Where changes were identified, care plans had been updated and the information passed on to staff.

A 'social activities co-ordinator' was employed by the service that organised activities on a daily basis. In addition to scheduled activities, such as gardening, nails and arts and crafts, group activities were also offered to those who wanted to participate. These included, exercise classes to music, memory cards and pictures, reminiscence groups, music groups and quizzes. We saw various advertisements around the service for activities coming up such as a fun and games afternoon and a Hawaiian garden party.

The provider took account of complaints and compliments to improve the service. A complaint policy and procedure was in place and visible in the service. People told us they were aware of how to make a complaint and were confident they could express any concerns.

People and their relatives were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded on their care plan. This captured their views about resuscitation and details of funeral arrangements. This gave people and families the opportunity if they wished to let other family members, friends and professionals know what was important for them in the future.

Staff had attended end of life training and the registered manager attended monthly 'lunch and learn' workshops with a local hospice. The service was involved in Dying Matters week in 2017 which provided them with information and guidance in how to support people when preparing for end of life. Dying Matters is a coalition of 32,000 members across England and Wales which aims to help people talk more openly about dying, death and bereavement, and to make plans for the end of life. We saw the service celebrated people's lives and held memorial services. Photographs were put up of the person and reminiscence sessions were held for other people to talk about their time at the service. This meant people were given the opportunity, if they chose to, to talk about any worries or wishes they may have about the end of their life.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in post who had been at the service for many years. 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.

People who used the service, visitors, staff and other professionals we spoke with were consistent in their high praise of the registered manager and said they were approachable and visible. One person told us, "[Name of registered manager] - I think she is very pleasant and efficient." A health and social care professional said, "[Name] is the best manager of any home I have ever visited. I am constantly impressed by her dedication to her clients. She does not leave the premises if the home is unsettled or if her staff need support. She and her deputy managers work a number of night shifts each month. She is involved in hands on care as well as managing the home. The system of supervision for staff is exemplary, and the manager is innovative and extremely well informed. This is a home which my colleagues take student nurses to visit to give them a picture of what a good residential home should be." It was clear from our discussions with the registered manager that they were highly motivated and passionate about the role.

There was a clear management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported by the provider, and a deputy care manager. Observations and feedback from staff and visitors showed us that there was an open leadership style and that the service had a positive and open culture. A number of the staff team had worked at the service for many years. When we spoke with staff about the service they consistently told us it was a good place to work. Comments included, "I couldn't imagine working for a better manager", "It's like home from home. Every day is different and I wouldn't swop anything or anybody. If [Name of registered manager] ever left I would be right behind them" and, "We have a really close team and have really good support." We saw evidence of regular staff meetings where discussions included policies and procedures, safeguarding, DoLS, infection control, job roles, work issues and any issues relating to people who used the service.

We reviewed feedback from a number of sources which was all extremely positive. The provider also conducted satisfaction surveys with people and their visitors. Results were analysed and acted upon for example, we saw the time of lunch had been changed after observations and feedback received from people living at the service. One person said, "There are some meetings but I am not involved (by choice) as I have no issues." The registered manager told us they were in the process of reviewing the way they held discussions with people as meetings were not working. We saw they provided an open door and encouraged people to talk directly to them during the inspection. People and their visitors told us they knew they could speak with the registered manager at any time. One person told us, "I don't have any complaints - if I had I would tell [Name of registered manager]."

We saw a 'visitors comments' board displayed in the service where visitors could leave their views about the service. We saw an abundance of positive comments had been made about the quality of care at the service.

A visitor told us during the inspection, "The service has an amazing ethos that comes from the top – it's so well led."

The registered manager had a system for monitoring the quality of the service provision. We saw audits were completed regularly in areas which included medicines, accidents/incidents, safeguarding, complaints, and areas of the environment, activities and food and drink. Despite this, none of the audits we reviewed had highlighted the concerns we found with people's doors being locked and the lack of capacity assessments, best interest decisions and risk assessment's in relation to this. The registered manager and provider took immediate action to deal with these issues found and made the improvements needed. We were able to see clear evidence of this after the inspection. This showed a commitment to continually learning and improving the service.

The service worked very well in partnership with other organisations to make sure the people in their care were receiving a safe, quality service and that they were following current best practice. The service's compliments records included a range of positive feedback from health and social care professionals about positive cooperative working. One professional told us, "We placed person who had no other forms of support from family or friends earlier in the year. During their stay at Woodleigh Manor staff worked with us and housing related support to build up the person's skills in preparation for a move into an extra care scheme. The person was quite anxious as they had moved from outside of the local area. The registered manager took time to go out with them shopping in the local area to ensure they felt safe and familiar in their surroundings and gave them a card to carry with the service contact details on in case they ever felt they were struggling whilst out. This meant they could then go out on their own. When the person was due to move the registered manager supported them to purchase new items for their home and on numerous occasions filled the boot of her own car to help the person move. The person had gone through a huge emotional process, but staff and the registered manager supported them emotionally and practically. The registered manager and her team never saw any of this as an issue and never gave up on them."

Staff undertook 'champion' roles in various areas, ensuring that skills learned on training were embedded in service delivery. A champion's role is to share up to date information with the rest of the staff group and to promote their topic within the service. Champions included those for nutrition, weights and moving and handling.

The registered manager and provider were meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their visitors. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.