

Manucourt Limited

Woodley Grange

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: Woodley Grange is a residential care home that was providing personal care to 40 people aged 65 and over, some who may be living with dementia at the time of our inspection.

People's experience of using this service: People felt safe living at Woodley Grange and they were very much at the heart of the service. We received consistently positive feedback from people, their relatives and health professionals about the service. People received excellent care that was based around their individual needs and that ensured care was personalised and responsive.

Staff working at Woodley Grange understood people's needs and supported people in an exceptionally personalised way. Care was provided respectfully and sensitively, taking into account people's different needs.

Staff knew people well and were responsive to people's needs. People were able to choose what activities they took part in and suggest other activities they would like to complete. The impact this had on people was outstanding and had resulted in people living an active life with choice evident throughout.

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in an individualised and compassionate way. People's privacy and dignity was maintained at all times.

People were cared for by a motivated and well-trained staff team, who always put people first. Staff had the knowledge and skills required to meet people's needs.

People received outstanding end of life care by a team of staff that were passionate about providing high quality care during people's final stages.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The service developed and promoted opportunities for people to engage with their local community.

Regular audits of the service were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place.

Rating at last inspection: At the last inspection the service was rated as good. (Report published 09 November 2016).

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

Follow up: We will follow up on this inspection as per our re-inspection programme, and through ongoing monitoring of information received about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Woodley Grange

Detailed findings

Background to this inspection

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

Inspection team: Our inspection was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Woodley Grange is a care home. People in care homes receive accommodation and nursing or personal care under one contractual arrangement. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We did not give notice of our inspection.

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

During the inspection, we spoke with seven people who used the service and four relatives. We spoke with the registered manager, one of the directors, head of care, team manager, maintenance manager, chef, activities co-ordinator and three care staff. We also spoke with two visiting health professionals and a visiting workshop organiser. We looked at care records for five people, medicines records and recruitment records for four care staff. We looked at other records in relation to the management of the service, such as health and safety records, minutes of staff meetings and quality assurance records.

Following the inspection, we also received feedback from one healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. A relative told us, "Mum is safe and well looked after".
- People were kept safe as staff had been trained and had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.
- The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.
- People benefited from staff that understood and were confident about using whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility, personal care and the maintenance of skin integrity.
- One person told us, "Living at home became unsafe for me as I had several falls. Here I feel safe as staff are here to help me if needed".
- We observed care staff enabling people to transfer safely from a seated position to a standing position or the reverse. Staff were using appropriate moving and assisting methods, placing walking aids in safe positions for people to use, avoiding risks and providing sensitive guidance.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Staffing and recruitment

- People and their relatives all felt that there were enough staff to keep people safe. One relative told us, "Staffing levels are very good in this home and always available when needed".
- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references 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.

Using medicines safely

- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were effective processes for ordering and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when medicines had been given.
- Medicines were administered in a safe and respectful manner and staff supporting people to take their medicines did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures. Staff had completed infection control training.
- People told us they were happy with the cleanliness of the home.
- Staff followed a daily cleaning schedule and areas of the home were visibly clean.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The care plans seen were holistic, detailed and described people's needs in a range of areas including personal care, and daily living activities.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People felt staff were well trained. One person told us, "Staff are good at what they do, well trained, I think, and my health needs are being met daily".
- New staff confirmed they completed a comprehensive induction programme before working on their own.
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. Staff praised the training provided.
- Staff were offered the opportunity to complete national vocational qualifications in health and social care.
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. In supervisions staff were encouraged to talk about people's diverse needs and to go through the values of the home's lesbian, gay, bisexual and transgender (LGBT) statement.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food. One person told us the meals were homely and well-cooked, and they had a good choice for breakfast, lunch and supper. Another resident said she loved the meals and they always looked forward to their meals. A relative told us they were impressed with the quality and varied choices of food that the cook provided daily and that a roast dinner was cooked during the week as well as the weekend.
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.

- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with each other and with staff.
- We spoke with the chef who was passionate about their role. They were aware of people's dietary needs and preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective and timely care

- Health care professionals told us the service delivered high quality care. One health professional told us, "This is a very welcoming home both to me as a health professional and to the relatives I have come into contact with". Another health professional said, "Staff are welcoming, professional and nice. Willing to go on training and we have no concerns here." A third health professional told us, "From a professional point of view. Very good nice place to come, very professional all of the staff know me as well".
- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists.
- Information about people's health needs was included within their electronic care plans. Hospital packs, recording a person's health, medicines, care and communication needs were available which could be printed off and given to emergency services if the person needed to go into hospital, helping medical staff understand more about the person needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff.
- We observed staff seeking consent from people before providing care and support.
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions on DoLS were complied with.

Adapting service, design, decoration to meet people's needs

- The environment had been decorated and accessorised to provide a positive and suitable environment for people who lived there.
- The home was suitable to meet the physical care needs of people with wide corridors and doorways, and bedrooms large enough for the use of any specialist equipment required.
- Most people had their own ensuite room and these were personalised with their personal belongings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people, and their relatives, told us staff were caring. One person told us, "The attitudes of staff are very caring and friendly and it's never too much trouble to help me when I need it". Another person said, "The staff are all kind and friendly". A relative told us, "I cannot praise the staff enough for their thoughtful kindness when they support my father".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. A health professional told us, "Every member of staff is welcoming [registered managers name] runs a good shop and is very caring". Another health professional said, "Very good interactions with staff very caring with staff that seem to know residents personally".
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.
- Staff demonstrated a good understanding of equality and diversity and respected people's differences. Information was displayed around the home which shared how the service was trying to create a friendly and welcoming environment and approach irrespective of people's culture or protected characteristics.
- Staff interacted with people throughout the day in a happy and cheerful manner. Staff organised their day flexibly around people's needs and wishes. They checked regularly on each person and listened attentively to what they had to say.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity. One relative told us, "My mother receives a good level of support and all the staff are really kind, caring and respectful".
- Health care professionals told us the service always respected people's dignity. One health professional told us, "I have observed the way staff interact with the residents, they are always respectful and treat the residents with respect. I have seen them ensure the residents dignity is protected by talking quietly to them in the lounge and then moving them into their room to provide personal care".
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

Supporting people to express their views and be involved in making decisions about their care

- People's care records included information about their personal circumstances and how they wished to be supported.
- All the people we spoke with and their relatives stated that there were no restrictions to visiting. The overall ethos from the registered manager and their staff members was one of a welcoming and inclusive nature.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service went above and beyond to recognise and respond to people's needs for social interaction and mental stimulation and many innovative, person-centred activities took place daily.
- On the first day of the inspection there was a singing session with people on both floors, so everyone had the opportunity to join in if they wanted to. In the afternoon a 'pat dog' visited which attended all around the home, visiting people in their rooms when they were not able to go to the lounges. We observed one person was looking forward to seeing the dog and was asking staff about when they were coming in.
- On the morning of the inspection the activities coordinator had collected some chicken eggs and placed them in an incubator ready for hatching. The service had previously obtained some baby chickens and it had been such a success and the people really enjoyed seeing the baby chickens hatch they had got some more.
- On the second day of the inspection pre-school children visited the home from 'Imagine this workshop'. The children and their parents visit weekly in term time to engage with the people at the home. We observed children making ginger biscuits with people and decorating them with icing sugar and sprinkles. People were engaged with the children and it was clear that both the person and the children were enjoying each others company.
- We spoke with the organiser of the workshop who told us, "We've been coming about a year and we've seen a real impact on the residents and the children, it's a real community feeling. It is planned around the residents and a different theme each week and we can alter our planning to suit. One lady told us they enjoy painting so next week the theme is sensory to include painting to suit her needs. We have different people attend but have some regulars which is good as children get to know their name which is great and can build a bond, they then look forward to seeing each other. I'm really happy with the impact we are seeing, it's lovely to see children and residents smiling. One resident really looks forward to when the children arriving, so have a sense of purpose sharing this experience".
- The activity coordinator was very passionate about their role and told us how they involved people in the chosen activities. They said, "I really love working here, really love my job... giving someone a sense of worth... How would I feel if I was just left in a lounge with a TV on. I'm trying to think all the time what I can do to make their lives better. This is a good home I do get a lot of support and carers have been great and helped as well as very supportive management." They also told us when outside entertainers had visited they engaged with people and reviewed feedback and if people were not happy ensured they did not visit the home again.
- The activities coordinator told us that one person was very interested in gardening, so bulbs and flowering plants were purchased so that they could plant them in one of the raised beds in the garden. The gardens

were beautiful and contained a pathway around the garden in a figure of eight which showed this had been designed with people living with dementia in mind.

- Several people enjoyed painting so recently sessions had focused on glass painting. For celebrating Easter residents has been involved in making decorations for a tree twig that was placed on a table in one of the activity rooms.
- People living at the home had raised some money for the resident's fund by auctioning some art work they had painted. People decided to buy a mobile library with the money and still haven't decided how to spend the rest of the money yet.
- Other activities included, exercises, nail beauty and pampering, skittles and ball games. Other entertainment focused on llamas and alpacas coming into the home which drew a great deal of interest. Other animals and birds brought to the home included owls, and other birds of prey. One to one activities took place which looked at peoples interests for example one person liked to play crib, other people enjoyed quizzes or chatting to staff. People were supported to take part in activities in their local community. For example, one person really missed their cat, so they were taken to the cat café in the local town with other people who liked cats.
- People experienced care that was personalised, and care plans contained detailed daily routines specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them.
- Care plans were now electronic which meant staff had instant access to key information and any changes inputted were updated immediately.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly. All care staff contributed to keeping peoples' care and support plans up to date and accurate.
- People and their relatives were happy with staff knowing what care they needed and every one identified that they had been involved in their care plans and that reviews had focused on their individual needs.
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was able to demonstrate how they ensured information was accessible for all people using the service.

End of life care and support

- Woodley Grange staff provided outstanding end of life care and worked extremely closely with healthcare professionals to ensure that people received a pain free and dignified death.
- Health professionals felt the service provided excellent end of life care.
- The provider had completed the Six Steps to Success in end of life care programme and had a quality hallmark award in end of life care from the local hospice. The six steps framework is a form of proactive palliative care and is nationally accredited. This helped to ensure that staff were equipped with up to date skills and knowledge in end of life care.
- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care. For example, one person wanted certain flowers and music and staff ensured this was in place for them.
- Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- We saw many extremely positive compliments about end of life care provided at the home. These

included feedback from relatives, district nurses and GPs. Some compliments from relatives included, 'We were very happy with the end of life care mum received at Woodley Grange, and we were kept well informed of all the progress and any changes to mum's health. We couldn't have asked for a more gently, pain free and dignified end for mum.' Feedback from one health professional stated, 'I consider [staff members name] to be the epitome of professionalism, kind, caring and taking the patient and family wishes into consideration'. Another health professional had commented, '[staff member name] understanding of providing holistic care to all residents is exceptional'.

- We spoke with the end of life champion who told us how they had empowered staff by training and working with them and sharing ideas and best practice and now had five end of life leads. If someone was on end of life care they ensured there was always an end of life lead on shift to support staff and offer guidance. They said, "It's the best course I have ever done. We are not a nursing home but want to get it right for people". They also supported families and had compiled a basket with useful information and guidance. They also supported families with a place to stay and refreshments if a room was available so that families were with their families at the final stages.

- Staff had completed end of life reflective accounts, when someone had passed away in line with NICE guidelines. For example, one account discussed about how the provider had empowered some of the staff to become end of life leads who wanted to be involved in end of life care and receive training on the six steps training programme from the local hospice. They had reflected what happened and if any improvements could be made and any learning from this.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint.
- The service had a complaints policy and procedure in place which was displayed in the home. This detailed the timeframes within which the complaints would be acknowledged and investigated.
- The provider and registered manager told us every effort was made to resolve any issues or concerns as quickly and informally, as possible, but that people were always reminded of their right to instigate the formal complaints procedure, if they so choose.
- No formal complaints had been made, however any suggestions on how to improve the quality of care were dealt with verbally, during a residents meeting or through a discussion with a relative.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open and transparent culture in the home.
- The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The service used a public review website to gather feedback. The care provided was highly rated by people and their relatives and health professionals. For the third year running it was one of the top 20 recommended care homes in the South East of England. As a group the provider had achieved the top 20 care group in the UK for the third year running
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, their relatives and health professionals thought the service was well led. One health professional told us, "No problems here, good home and manager good".
- Staff were positive about the support they received from the registered manager and management within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings were held with people and their relatives to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions.
- These meetings were well attended and focussed on three main areas, food, activities and any concerns.
- Relatives told us the meetings were a very useful forum in which to discuss any issues with the registered manager and to inform them of any changes or future events.
- The provider sought feedback on the quality of the service through the use of an annual quality assurance survey sent to people and their families. The feedback from the latest survey in January 2019 showed people were very satisfied with the service and the care provided.
- Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas.

- The provider and registered manager were keen to integrate with the local community. The service held a 'Love Life Café' once a month where relatives, friends and the community got together and enjoyed homemade cakes and refreshments.

Continuous learning and improving care

- The registered manager and senior staff used a series of audits to monitor the service. These included, medicines, care plans, infection control, health and safety, call bells, falls and daily walk around the home.
- The registered manager told us they felt supported in their role and had regular contact with the provider to enable them to keep up to date with the latest practice and guidance. They told us they also attended forums with the local authority to ensure their knowledge was up to date and to hear about and share good practice.
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements to the quality and safety of the care provided continued to be made.

Working in partnership with others

- The service worked in partnership with the local authority and the local doctor's surgeries and district nursing team. All the health professionals were very positive about the service provided and the staff.
- The service had worked closely with the Clinical Commissioning Group to introduce RESTORE2, a nationally recognised early warning system for services to identify a physical deterioration in people and escalate this quickly to healthcare professionals.
- We spoke with a health professional who told us, "They were my first home to convert to the new tool (RESTORE2) and have been successfully running with this since July last year. They have also been the first home in West Hampshire to pass the final audit and receive the certificate to say they have implemented the tool successfully". They also told us, "They have embraced the projects within the home and are using them very successfully. They are always engaged and will always seek clarification if they are not happy about what they have been told/learnt. I was very impressed that they asked for assistance with guidelines for the taking of physical observations and set up a competency framework for new staff".