Coate Water Care Company (Church View Nursing Home) Limited

Woodstock Nursing Home

Inspection report

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Tel: 01452616291

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Woodstock Nursing Home on the 15 March 2017. Woodstock Nursing Home is a residential and nursing home for up to 28 older people. Many of these people were living with dementia. 16 people were living at the home at the time of our inspection. This was an unannounced inspection.

At our inspection on 15 March 2017, there was a manager in post who had been in post since October 2016. They were in the process of registering with the Care Quality Commission. 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.

We last inspected in June 2016 and found that the provider was not meeting a number of the regulations. We found that the provider did not always ensure staff were of good character before they were recruited and did not have effective systems to monitor the quality of the service. Additionally people did not always receive care which was personalised to their needs. The provider did not always notify CQC of notifiable events within the home. Following our inspection in June 2016, the provider sent as an action plan of the actions they would take to meet the legal requirements. We found some improvements had been made.

People and their relatives were generally positive about the home. They felt safe and well looked after. People enjoyed the food they received in the home and had access to food and drink. People and their relatives felt there were enough activities and we saw that a range of activities and outing were on offer. The provider was continuing to work on improving records in relation to people's preferences and interest to ensure that activities they offered were tailored to people's needs.

People's medicines were mainly managed well and the manager and provider had systems to identify concerns and take effective action. However some people did not always receive their medicines as prescribed. Where people were prescribed topical creams there was not always clear guidance on the support they required to apply these creams. While immediate action was being taken we have made a recommendation to the provider.

The provider and manager had implemented systems to monitor and improve the quality of service people received. Where concerns had been identified the service were working to improve the service. People, their relatives and staff spoke positively about the improvements made at the service since the appointment of the manager. Relatives told us they felt their views were listened to and acted upon.

People's care and risk assessments were now reflective of their needs. Care assessments give care staff and nurses clear information in relation to people's needs. Care staff generally kept a clear and consistent record of people's care needs.

Staff were deployed effectively to ensure people's basic needs were met and kept safe. All staff had received

training to meet people's healthcare needs. Staff felt supported by the management and spoke positively of the new manager and improvements being made in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People did not always receive their medicines as prescribed. There was not always clear guidance for care staff around the administration of topical creams.

Staff were deployed within the service to ensure the safety of people and protect them from risk. The management had recruited a number of permanent staff to ensure safe staffing levels.

Staff knew the risks associated with people's care and had guidance to manage them. People felt safe, and staff understood their responsibilities to protect people from abuse.

Is the service effective?

Good

The service was effective. The service had a system to ensure staff had access to one to one support and were implementing a new staff observation system. People were supported by staff who had access to the training they needed to meet people's needs.

People received support to meet their nutritional needs and had access to plenty of food and drink. People were supported to make choices and staff had some knowledge in relation to the Mental Capacity Act 2005.

People were supported to attend healthcare appointments. Staff followed the guidance of external healthcare professionals.

Is the service caring?

Good

The service was caring. People were supported to spend their days as they choose. Staff respected people and treated them as equals.

Staff knew people well and understood what was important to them such as their likes and dislikes. People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. People had access to activities and work was being undertaken to personalise activities to their hobbies and interests.

People's care assessments were current and reflective of their needs.

People were generally happy with the activities provided; ideas of how these could be improved were discussed.

The provider and manager responded to complaints and people and their relatives felt confident they could raise concerns to the manager.

Is the service well-led?

Good

The service was well-led. The manager and provider had systems in place to monitor the quality of care and drive improvement.

The provider had already identified the issues we found during the course of this inspection and had plans in place to drive improvement. The views of people and their relatives were now being sought and acted upon.

People, their relatives and staff spoke positively about the manager and the improvements they had noticed at the service since their appointment.

Woodstock 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 was 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 the 15 March 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 had experience and knowledge of caring for older people.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with one healthcare professional and local authority and clinical commissioning group commissioners about the service.

We spoke with 12 people who were using the service and with four people's relatives and visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 11 members of staff which included five care staff, the activity co-ordinator, an administrator, the home's chef, the deputy manager, manager and operations director working on behalf of the provider. We reviewed seven people's care files, care staff training and recruitment records and records relating to the general management of the service. Following the inspection two relatives and seven care staff contacted us with their views.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in June 2016, we found the service had not always ensured staff employed for the purposes of carrying out a regulated activity were of good character. These concerns were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found effective action had been taken and the provider was meeting the legal requirements in relation to the employment of care staff.

Records relating to the recruitment of new staff showed relevant checks had been completed before they worked unsupervised at the service. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. Where nurses had been employed the manager had received evidence that they were registered with the nursing and midwifery council.
People and their relatives told us they felt the home was now safe. Comments included: "The standard of care is alright and I feel safe and have no worries about the staff"; "I feel it is a safe place"; "I'm not concerned about safety" and "We don't ever fear for Mum's safety."

People were protected from the risk of abuse. Care and nursing staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the manager, or the provider. One staff member said, "If you suspect abuse you report it to the nurse or manager." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "I feel the manager and operation directors are responsive to concerns, however I would go to the local authority or you (CQC) if I felt concerns weren't being addressed."
Information regarding safeguarding was clearly available for people, their relatives and staff on communal noticeboards near the entrance of the service.

The manager and provider had raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the service had ensured all concerns were reported to local authority safeguarding and CQC and acted on.
People were supported in a calm and patient manner with their prescribed medicines. For example, we observed one nurse assist two people with their prescribed medicines. They asked people if they wanted their pain relief medicine such as paracetamol. The nurse was patient and took time with people to ensure medicines were administered as prescribed.

People's medicines were being stored in accordance with the manufacturer's guidelines. People's prescribed medicines were securely stored and were being stored at temperatures in accordance with the manufacturer's guidelines.

However, at this inspection we found there was evidence that some care staff were not always acting in accordance with the proper and safe management of medicines. For example, care staff had not always given three people their medicines in accordance with their prescription; although they had recorded they had administered these medicines.

Care staff did not consistently keep an accurate record of when they assisted people with their medicines. For example, staff had not always signed to say when they had administered medicines. We discussed these concerns with the manager who informed us of the actions they were carrying out and planning to take to reduce the risk of future occurrences. The service was also discussing concerns with the supply of people's prescribed medicines with their pharmacy.

Where people were administered topical creams there was not always clear guidance around the support they required, and staff did not always keep an accurate record of the support they had provided. For example, topical cream instruction sheets showed where creams needed to be applied to meet people's needs, however did not document how frequently this needed to happen. Where changes had been made to the application of topical creams for people, this was not always clearly recorded on their care assessments. For example, the deputy manager told us one person's topical creams had been discontinued; however there was no record of this on the person's care assessments or topical cream records. The deputy manager was taking action during our inspection to review people's topical cream records as these concerns had been identified by the provider prior to our inspection.

People were kept safe from hazards in the environment because robust checks were in place to ensure any risks or repairs needed were identified quickly and actioned. Where we had identified some minor concerns regarding the environment during the inspection, we were reassured that the manager and director of operations were already aware of these concerns and taking effective action to reduce any possible risk to people or staff.

People were mostly protected from the risks associated with their care. Staff often had clear guidance regarding assisting people with their mobility needs, and concerns relating to pressure area care. One person was being cared for in bed, care staff had been given clear details on how often the person required assistance to reposition to protect them from this risk of skin damage. Care staff clearly followed this guidance and recorded when they had assisted the person. We observed throughout our inspection that care staff had assisted the person to reposition. However, we identified a concern that the person's pressure relieving equipment was not set in accordance with the person's physical needs. We discussed this with the manager who took immediate action to address our concerns.

People's individual risks were documented and staff were aware of how to assist people in a dignified manner. For example, one person could put themself and other people at risk through periods of inappropriate behaviour within the home. The manager had provided staff clear guidance of how to support this person and other people, whilst always promoting the dignity and recognising the well-being of the person.

People were assisted with their mobility in a safe and effective manner. For example, we observed care staff effectively assisting people with their mobility throughout our inspection. We observed one member of staff assist someone from their bedroom to the home's lounge. They talked with the person and promoted the person's independence. The person was happy engaging with the member of staff.

People spoke positively about staff and the amount of time and support they received from staff. One person told us how they enjoyed going for walks with staff, while another person felt they received the support when they needed it. People, who were able to, knew how to seek assistance from staff. One person explained to us how they used the home's call bell system and they were confident that staff would respond to their calls.

People's relatives had mixed views on staffing levels within Woodstock and some relatives raised concerns

with us about the continuity of care staff within the home. One relative told us, "The staff could do more for people who can't access communal areas". Another relative told us "Staff shortages and the use of agency staff had an impact on continuity of care." One relative who wrote to us after the inspection spoke highly of improvements within the home and wrote, "some stability of personnel would be welcomed and good training essential as there is quite an influx of new and young personnel."

Staff told us there were usually enough staff deployed to assist them to meet people's needs and they worked as a team to ensure people's needs were being met. The manager had a clear plan in relation to staffing within the service and had taken action, such as assisting people to move rooms if they consented to it, to reduce pressure on staff. On the day of our inspection the manager was also recruiting more nursing staff. Staff told us the manager was available to assist if there were any staff shortages and agency staff were used to ensure there was a full complement of staff to meet people's needs. We were assured that there were enough staff deployed to meet people's needs.

We recommend the provider should refer to the NICE (The National Institute for Health and Care Excellence) guidance for the management of medicines to ensure medicines are safely administered and topical creams applied.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and their skills and competencies. Comments included: "Excellent caring staff"; "surprised how good they (care and nursing staff) are"; "standard of care very good and I like particularly the friendliness of the staff" and "The girls look after us."

People were supported by staff who had access to the training they needed to meet people's needs. Staff completed mandatory training and updates including safeguarding, moving and handling, fire safety and infection control. Training updates were undertaken regularly. A staff member told us "I've just done all of those – about eight." Training had been delivered through the use of workbooks with some experiential training on dementia care via the 'Dementia Bus' (a training source used by the provider). Care staff spoke positively about this virtual dementia experience. One member of staff told us it was an "Experience, an eye opener, being in their shoes – very good".

Staff told us they felt able to access additional training and were looking forward to developing their skills. For example, one member of care staff told us they were in the process of completing National Vocational Qualification level 3 in health and social care, They said, "It's all in progress." The spoke positively about the support they had received.

People were supported by staff who had access to supervision (one to one meetings with their line managers) and annual appraisals. Staff told us they had received at least one supervision since our last inspection and since the new manager had been in post. Supervisions focused on staff views and needs. The manager also used supervisions in response to performance issues or concerns. Additional staff group supervisions were arranged around particular themes such as record keeping. Supervision meetings and staff briefings were also provided on subjects such as The Mental Capacity Act 2005.

The manager and deputy manager carried out competency assessments of staff around key areas such as management of people's prescribed medicines. The deputy manager showed us records of competencies they had carried out with staff and how they had used these assessments to inform staff practices. One member of staff said, "I've done some competencies with (deputy manager). They were with me for a day or two. It was helpful."

People's consent and agreement was asked for by staff before they delivered their care. We observed on many occasions staff asking people if they were happy for staff to support them with specific tasks. For example, when staff assisted one person with moving to the homes dining room, they asked if they were happy to have support. Staff were aware of the Mental Capacity Act 2005 and the principles that underpin this. 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. Staff spoke about the Mental Capacity Act and how they assisted people with their choices. One member of staff told us, "You have to assume that people have the capacity to make a

decision." Another member of staff said, "A person with dementia might make every day choices such as what to wear or what to eat."

The manager, provider and representatives of the provider ensured where someone lacked capacity to make a specific decision, a mental capacity assessment and if necessary a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they were to leave the service unsupervised. The provider made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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).

People and their relatives told us they enjoyed their food. Comments included: "I enjoy the roast dinner and I have no complaints about the food. There is a good selection to choose from", "The food is OK and there is a good choice" and "She loves the food she is given, she eats very well and has put on weight".

Meal times were calm and relaxed. Staff gave people the option for where they would like to have their meal. Most people ate in the dining room but some preferred to eat sat in the adjoining room. People were given a choice of meal options at the beginning of the meal. If someone declined the options on offer then the chef would prepare whatever the person wanted as long as it was available. Where people needed assistance with eating staff supported them in a dignified way. They sat down with the person and engaged with them in a relaxed manner at the person's pace.

The chef was knowledgeable about the needs of the people and showed us how they kept a record about their specific dietary needs and personal preferences. This included special diets such as diabetic diets or gluten free. For example, one person had a specially adapted menu taking into consideration their need for a gluten free diet. There were snacks available for people throughout the day with squash and hot drinks set out to be used when people requested them. Throughout the morning we saw that staff were regularly offering people drinks and snacks.

Some people required thickened fluids and pureed meals as they were at risk of choking. There was clear guidance for care and nursing staff in relation to these people's needs. The service sought the advice of speech and language therapists. Where guidance had been provided, care and nursing staff ensured this was followed to meet people's specific nutritional needs.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, records of appointments with healthcare professionals were also scanned onto the services computerised care planning system to ensure information was stored safely and securely. One relative told us, "All her (relatives) medical needs are well tended to and as such her overall well-being has generally improved."

Good

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of care staff. Comments included: "Levels of care in terms of warmth and kindness, so very important, have always been high"; "I can tell you that since my mother began her care at Woodstock, her life has changed beyond recognition. The love and care she has been shown is immeasurable, and is down to an excellent caring staff"; "It is lovely to live here" and "The staff are very nice and helpful and I cannot fault them in anyway. I trust."

Care staff often interacted with people in a kind and compassionate manner. Care staff adapted their approach with people according to their communication needs. For example, care staff assisted one person with their lunch time meal and ensure the person was in control of the situation by informing them of their meal choice. People clearly enjoyed spending time with staff and talking with them. For example, one person was talking with a member of care staff about local horse racing. The person when asked told us they were happy. Another person spoke highly of care staff; they said "Staff are caring and understanding and that they listened to me".

All staff within the home took time to talk with people about their days. For example, we observed one member of staff engage with a person and their relative in friendly conversations about the home, about the weather and about the Cheltenham horse races. The relative told us, "They do come and chat to us, everyone is friendly."

People's physical environments were adapted to suit their needs. For example, one person's relatives raised concerns that previously their relative was left facing the wall following repositioning. Since the person had moved to another room (with the families consent), staff had ensured the bed was placed in the middle of the room, so the person was not left staring at the wall. The person's family had provided a television and staff told us how the person enjoyed watching the six nation's rugby tournament. Another person's relative told us, "There is nice physical and emotional comfort given, which we appreciate plus the recent refurbishment of a lot of areas in the home has resulted in a much brighter, cleaner environment."

Care staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs with staff, most confidently spoke about them. For example, one care staff member was able to tell us about one person, including how they liked to spend their days and how they enjoyed going into the home's garden for a walk. One member of staff told us about another person they cared for, who liked hugs and enjoyed friendly interactions with staff. We observed staff take the time to engage with this person and gave them time to interact.

People were able to personalise their bedrooms. One person had items in their bedroom which were important to them, such as pictures of people important to them. Staff respected the importance of people's bedrooms. They ensured people's bedrooms were kept clean and knocked on bedroom doors before entering. We observed staff go to assist one person in their room. They clearly knocked on the door and asked if they could enter. Staff were focused on respecting the person's private space and individuality. One member of staff told us how the person often liked to express themselves and that staff would ensure

the person could do this in privacy as they required.

People were supported to make advanced decisions around their care and treatment. For example, one person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to go to hospital and have any treatment which would sustain their life. Another person had made a decision with their family that they did not wish to be resuscitated in the event of cardiac arrest, and this had been clearly recorded on a Do Not Attempt Resuscitation form.

Good

Is the service responsive?

Our findings

At our last inspection in June 2016, we found the care and support people received was not always personalised to their physical needs. Care staff had not understood the reasons why people were on fluid charts. This concern was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found since our last inspection improvements had been made in relation to people's care records.

People and their relatives were generally positive about activities within Woodstock. Comments included: "I particularly enjoy the signing and going out for walks with the staff"; "I enjoy the activities" and "I'm happy to say there are always stimulating things going on when I visit, especially singing and music. I know there have been frequent visits from choirs of all age groups. The other day I walked in to find Mum happily knitting, something I hadn't seen her do for years! She was also proud to show me pots she had painted for the garden."

Some people and their relatives however felt activities could be improved, particularly for people living with dementia and those cared for in bed. Comments included: "If you can walk and talk you are okay" and "Where it still feels in need of attention and action though, is in the area of stimulation and activities that resonate with those with dementia. It needs far more musical activity and entertainers. There used to be staff who could put the 'old' songs on the CD player and just get a simple sing along going and it's so easy to get a sense of uplift of spirits and involvement. Unfortunately we rarely see this happen now. (Relative) adores music and that is when they come to life so we would so love to see this as part of a normal routine as well as more organised activity."

People enjoyed a range of different activities with the activity co-ordinator during our inspection. The activity co-ordinator played different games, including dominos, a word guessing game and general activities to keep people engaged. People were also engaged in a ball throwing activity. People clearly enjoyed these activities and spoke of their enjoyment. Additionally, the home had a sensory room which people could access. This room contained textile boards and different items people could hold. One person had entered the room and taken a stuffed toy, which they enjoyed carrying around the home.

We discussed what activities were available for people who were cared for in bed. The activity co-ordinator informed us that activities such as gentle exercise and hand massages were offered, however there was limited evidence of this recorded on people's care records. We found that there was limited information about people's recreational preferences, life history and their social requirements. We were told that the activity coordinator would be documenting people's social histories and identifying the activities and interest they enjoyed. We discussed these issues with the manager and provider who had clear plans in place to ensure people's activity needs were being documented. This was being completed through detailed care needs profiles. For example, we found a detailed care needs profile had been completed for one person as part of the home's 'resident of the day' system. This profile contained clear information on the person, their family, interests and pets. When we discussed this with the manager, they told us they had an aim for each person to have a care needs reviewed with a social profile and this information would be used in

planning people's activities.

The director of operations and manager had a 'resident of the day' system. This meant on one day, all staff in the home, including care staff, catering staff, domestic staff and nursing staff would focus on this person. The person and their family would be involved in the day and their views sought. The manager told us this enabled them to ensure people's care needs were being met and that information was current. Staff spoke positively about this process and how it put the person at the centre of their care.

People's care needs were documented in their care plans. People's care plans included detail on the support each individual needed which included support with their mobility, medicines, personal hygiene, communication and nutrition. People's care plans were detailed and updated when people's needs changed. For example one person's care assessment had been reviewed with their family due to their continuing changing needs. There was a clear care plan which provided care staff with clear understanding of the person, their care and well-being needs. The document was personalised to the person and reflected their ability to express themself as an individual.

Where care staff recorded people's needs and risks, they understood the reason why these needs were being monitored. The deputy manager had clearly identified where people required monitoring of their food and fluids due to the risk of malnutrition or dehydration. They had clearly recorded this and had shared this information with care staff. While care staff generally kept records of the amount of food and drink people had received, they had not always consistently maintained these records prior to our inspection. However the services quality assurance systems had identified these gaps and action was being taken to ensure records were completed accurately by staff. Additionally, where people had enjoyed activities, there was not always a clear record of the activities they had enjoyed. We discussed this with the manager and deputy manager who were aware of these concerns as they had been identified them through their audit processes and were taking actions to ensure these concerns were reduced.

The provider had a complaints policy. People and their relatives told us they knew who to contact if they had concerns around the service. Since our last inspection people and their relatives felt confident their concerns would be responded to by the new management team. For example, one relative told us, "I would feel confident to raise concerns". Another relative said, "I'd happily contact the deputy manager."

The manager kept a record of complaints and complements they had received. They recorded how many complaints were received on a monthly basis. Where complaints had been received these were recorded alongside a clear response to the concerned party. For example, for one complaint, the manager had met with the complainant and discussed how their concerns could be managed. There was a clear record of actions taken to respond to this complaint. Where lessons could be learnt, these were discussed with staff.

Good

Is the service well-led?

Our findings

At our last inspection in June 2016, we found the provider did not have effective systems to monitor the quality of the service and the views of people, their relatives and staff were not always acted upon. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Additionally the provider did not always notify us of notifiable events within the home. This was a breach of Regulation 18 Registration Regulations 2009. Following our inspection the provider submitted an action plan of the actions they would take to meet the legal requirements. We found since our last inspection improvements had been made. The service was starting to become well led.

The provider and manager notified us of events in accordance with regulation 18 of the Registration Regulations 2009. Since our last inspection the manager and provider had provided clear notifications to the CQC.

Following our last inspection, the director of operations had implemented a "Quality Toolbox" system for all services operated by the provider designed to monitor the quality of service and drive improvement. This system contained a range of audits, such as medicine audits and care plan audits. Medicine audits were carried out on a monthly and weekly basis and were having a positive impact on the administration of people's prescribed medicines. There systems had enable the manager and provider to identify the concerns we had found at this inspection. The providers systems also enabled them to identify improvements which needed to be made to the environment of the service. For example, during the inspection we identified one person's room where the flooring had deteriorated. The director of operations was aware of this concern through their own audit systems and was taking effective action.

Representatives of the provider carried out monthly checks of the service, and the manager supplied them with monthly report of events within the home. Where shortfalls were identified these were added to the service's improvement plan. A recent provider visit identified shortfalls around management of medicines and people's care assessments (including social profiles). Following this visit there was a clear list of actions in place for the manager to follow to address these shortfalls. Some of these actions were being addressed during our inspection.

Since our last inspection a new manager had been recruited and they were in the process to become registered with the Care Quality Commission as a registered manager. People and their relatives spoke positively about the manager and the positive impact they had had on the service. Comments included: "We both feel that [managers] appointment is a very positive move forwards and is very welcome. They are very open, communicates with relatives well and seems to have a real vision and set of plans for improvement which we both fully support. There is a different atmosphere as a result and staff do feel more motivated and hopefully a bit more settled" and "If you had asked me six months ago whether my mother would settle well into living in care, I would have been doubtful. But thanks to [manager] and her excellent team all my concerns are gone."

Care staff spoke positively about the changes in management and told us that the manager was

approachable, incredibly supportive and their door was always open. Comments included: "[Manager] is keen and excited to make us work well. We are excited about what we can achieve"; "I get a lot of support from my manager with all my training needs and any issues. They are always happy if you need the support" and "They are always approachable and listen if we have any problems and will act on them".

People and their relative's views were being sought and were being acted upon. People and their relatives told us their views were listened to and respected and they felt the manager and provider would make changes if they identified any concerns. The last survey of the views and experiences of people and their relative's was carried out in June 2016. Unfortunately the results of this audit had been misplaced during the management change of the service. The manager and provider were planning to carry out a survey of people and their relative's needs.

The service provided a monthly newsletter to people and their relatives. These newsletters provided information on changes within the home, as well as some quizzes people could enjoy. One person told us they liked having a look at the newsletter. People and their relatives were asked for their views on the newsletter. A change had been made to the newsletter based on relative's comments, which included a 'spot light' on an individual person. Additionally, the manager carried out monthly relative meetings. Meeting minutes documented relative's views on the service and changes to the home.

The manager had support from the Operations Director and Operations Manager. As well as this the director of operations was encouraging peer support from managers of other homes owned by the provider. Managers were supported to peer review other homes which would inform part of the providers quality assurance systems. The manager told us that they had the support they needed at Woodstock Nursing Home. The director of operations also told us that there were frequent managers meetings where managers could discuss current events and areas for improvement.