

Enter and View Final Report

Name of Service Provider:	WCS Care
Premises visited:	Woodside Care Village Maple Grove, Warwick, CV34 5SS
Date of Visit:	24 th February 2025
Time of visit:	10 am to 2.00 pm
Registered Managers:	Lorraine Herbert and Mathew Mapanzure
Authorised Representatives:	Robyn Dorling, Maggie Roberson, Sue Roodhouse, Megha Nivarskar, Kerrie Cook.

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Disclaimer

Please note that this report is based on observations and feedback gathered during a single visit on 24th February 2025. It may not reflect the experiences of all service users, staff, or relatives.

Purpose of visit

We visited Woodside Care Village as the Care Quality Commission (CQC) has not inspected the service since November 2022. Our aim was to understand whether people living in the home are treated with dignity and experience high-quality, person-centred care.

Approach used

The visit was unannounced. During the visit, we:

- Met with the Registered Managers
- Observed life in communal areas
- Spoke with residents, relatives and staff

Summary of Findings

- Woodside Care village is owned by WCS Care. This is a not-for-profit care provider with 13 homes across Warwickshire. People spoke highly of Ed Russell OBE, Chief Executive of WCS Care, for visiting other countries to see how care can be provided and then implementing innovative ideas in the UK.
- Woodside Care Village follows the Dutch [De Hogeweyk](#) model, which aims to deinstitutionalise care and enable people with severe dementia to live a normal life.
- The architecture and design contribute to the way people live at Woodside Care village.
- Twelve small households (5–7 residents) reflect typical family sizes. Every household has its own lounge, dining area and kitchen,
- Outdoor balconies connect households in a continuous circular loop with no internal corridors and no dead ends, encouraging fresh air and social contact.
- WCS Care has sent many of its staff to the Netherlands to experience the Dutch model of care.
- The Deafinitely Independent (DI) service moved into Woodside Care village six years ago and occupy two households that support Deaf residents with BSL-skilled staff. All WCS Care staff receive basic BSL training.
- Both Registered Managers (Lorraine and Mathew) are open, experienced, and focused on continuous improvement, with strong staff engagement and evidence-led change.
- Residents and relatives describe care as excellent, person-centred, and delivered by well-trained, caring staff who know people well.
- Every household has a kitchen. Residents can choose from 43 daily options via the [Appetito](#) system. Residents go to the shop to choose and get their food every day. The Deafinitely Independent community often cook for themselves. Families can bring food in and cook in the kitchen.
- There are no cleaning staff for the households. Residents clean their own flats with help from care staff. Cleaning materials are available in the shop.
- A weekly village schedule lists household outings, choir, arts and crafts, music sessions, and films—all activities are open to all residents, not just the hosting household.
- Two full-time musicians and a weekly choir contribute to the mood and engagement. Dementia care mapping, which involves observing behaviour and well-being, showed improved eating and an emotional uplift that lasted up to 3 days after music sessions.
- Acoustic and/or monitoring (with consent) alerts staff if someone is up at night. Video activates with movement and never records. Staff report better sleep and fewer falls.

- Biometric fingerprint access and a two-door exit system allow residents and families the freedom to move around while remaining safe.
- This is not a nursing home but aims to provide a home for life, end-of-life care is delivered by trained staff with support from primary care and district nursing.
- A mobile carers bank provides cover across WCS Care homes. Staff value flexible shifts they can sign up to from home using the Book Jane app.
- WCS Care offer career progression, training, and well-being support. Many managers started as carer's, reflecting an embedded 'grow-your-own' approach.

During our visit we noticed several examples of practices that are highly valued by residents and staff:

- The leadership and culture is open, evidence-led, with good staff and resident involvement.
- Dutch village model: Circular balconies, small households, and family-friendly spaces which support independence, fresh air, and social contact.
- Skilled, engaging staff in the Deafinitely Independent households who are well supported with effective leadership. Basic BSL training for all staff.
- Two musicians and a weekly choir; dementia care mapping demonstrating measurable benefits.
- Staff development and retention: Internal progression, flexible shifts via Book Jane, school hours shifts available, bank staff cover, training and wellbeing support, and annual staff feedback.

Recommendations

We recommend the following improvements:

1. Hospital communication pathway (Deaf residents) - We recommend that SWFT/ Warwick Hospital ensure reliable communication support for Deaf residents during hospital stays—either through funded Deafinitely Independent staff attendance or a guaranteed interpreter pathway that covers unscheduled needs and full-day stays, not only booked appointments.
2. Food variety and texture choice - In response to what some people told us, continue to review food availability to ensure firmer “solid” options are available.
3. Outdoor comfort year-round – in response to the feedback we heard, implement the plans (already in place) to add sheltered and heated outdoor areas so residents can comfortably meet the 90-minute fresh-air aim in colder or windy weather and continue to enjoy this high-quality space.

4. Lifestyle Coach business case - Continue the trial and evaluation of a Lifestyle Coach to coordinate meaningful activity and community links, and support household staff.
 5. Quiet-mode alarm testing - In response to feedback that some residents find the noise of alarm testing stressful, explore whether technology is available that allows routine alarm tests without loud sirens to reduce stress and disruption.
 6. Recognising BSL skills - Consider how BSL skills are recognised and rewarded, given interpreter shortages and the value of in-house expertise for daily communication.
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Report Overview

Unannounced arrival

The Healthwatch Warwickshire Enter and View Lead and four Authorised Representatives arrived unannounced. Managers, staff, and residents were welcoming and happy to spend time talking with us. We spent four hours at the home, interviewed both Registered Managers, observed household life and spoke with residents, relatives, and staff.

Reception and weekly schedule

When we arrived, we received a friendly welcome from the reception staff member creating a good first impression.

The reception is spacious and bright, with a café area providing refreshments for residents and visitors. There is clear signage to the spa, cinema, children's zone, shop, hair and beauty salon, and launderette. A weekly village schedule handout is available here, listing household outings, choir, art and craft sessions, music sessions, and films.

Village model and households

There are twelve households, each with 5–7 residents. This mirrors a typical family size and enables close relationships, flexible routines, and small-group activities. Residents choose one of three environments—Town, Country, Classic—to match their history and preferences. Environments can be changed when helpful, but in-depth assessments at the start mean this is rarely needed.

Access and safety

The building's architecture and design encourage movement and fresh air. There are no internal corridors; instead, covered outdoor balconies connect households in a complete loop, encouraging fresh air and social encounters without dead ends. Elevators do not have codes, as that would restrict movement. Biometric fingerprint entry and a two-door exit balance freedom with safety for residents.

Interview with the Registered Managers

We interviewed Lorraine Herbert, Registered Manager for the general households (over 21 years' experience; 17 years at the home), and Mathew Mapanzure, Registered Manager for the Deafinitely Independent households (around 16–20 years' experience in care).

Both were very welcoming and confident, with a shared focus on person-centred care, inclusive communication, and evidence-based improvement. They spent time with us talking about the home, what it does well and what they want to do better. We all felt that both Managers excel at what they do and are excellent examples to others.

Lorraine's account (general households)

Residents are assessed for mobility, learning disabilities, and dementia on admission, with a focus on who the person is—their profession, interests, and routines. People are placed in households according to their interests, rather than their needs.

“We place people in the right household from the start. It's rare that someone needs to move once they've settled.”

Resident profile and access

Woodside Care Village residents' range in age from 34 to 100. Some have advanced dementia, and may have Deprivation of Liberty Safeguards, There are 69 residents. Visitors can come at any time, some use biometric fingerprint entry. Most residents do not go out alone; one resident does so with a sign-out process in place.

Staffing

The service has 24/7 staffing, with five-night staff (10 pm–8 am) and two night managers (all of whom have worked as carers). The home does not use agency staff; WCS Care provides cover through a mobile carers' bank. Staff select shifts using the 'Book Jane' app; leftover shifts are offered to the mobile bank staff. Standard shifts are 8 am–3 pm, 3 pm–10 pm, and 10 pm–8 am.

WCS Care pay sick leave, offer discounts, free counselling for staff and family members, and display cards recognising good work.

Staff training and development

- WCS Care has two training coordinators who identify needs and deliver or arrange training (e.g. a recent three-day training on blood glucose sensors).
- New staff receive four days of induction and 2–8 weeks of shadowing.
- All staff receive basic BSL training; DI households have BSL-trained primary teams. WCS Care employ deaf members of staff who work with residents in the Deafinitely Independent community, supporting effective communication and ensuring residents' needs are fully understood.
- Staff complete care certification and can undertake NVQs and Diplomas. Refresher workshops run every two years. Staff told us that they are supported through regular meetings, appraisals, and training programmes.
- Staff can develop their careers while working for WCS Care.

Night-time safety with consent

Acoustic monitoring is monitored from a central location and staff are alerted if someone is up at night. Video is only used when necessary, it does not record, is consent-based, and only switches on if there is movement. Lorraine told us that this approach has improved sleep and reduced falls.

GP and Nursing care

The home does not provide nursing; it provides care.

End-of-life care is delivered by trained staff with support from GPs and District Nurses (weekly visits, typically Wednesdays). An earlier trial funded by the Thomas Oken & Nicholas Eyffler Charity paid for NHS nurses trained in care home practice to do twice-weekly visits to the village to reduce hospital visits (they now attend on Fridays). Health parameters are checked monthly or weekly if needed.

Medicines are administered by trained staff, and individual medications are stored in residents' rooms, locked, with digital prompts to support safe administration.

“We get people off antipsychotics. Nobody here is on PRN medication.”

Diabetes: District nurses monitor residents on Dexcom sensor devices. Staff do not administer insulin; they support the use of pumps, which are monitored by district nursing.

Music, culture and innovation

Lorraine explained that Ed Russell, OBE, the Chief Executive of WCS Care, travelled to the Netherlands to see how their “village” style of care works and then brought the idea back to the UK. Ed has also visited America and Australia to learn about their approaches to care.

Seeing how music can be therapeutic, WCS Care has employed two full-time musicians to work in the village, and a weekly choir that has a strong positive emotional effect on residents. A detailed dementia care study showed that music helped residents feed themselves more independently and improved their mood for up to three days afterwards.

Further innovations include acoustic night-time monitoring, though Ed chose not to adopt other ideas, like AI-based central monitoring systems that are used in Korea and Japan.

WCS Care now run innovation tours, hosting visitors from places like New York.

Pride and recognition

The service celebrates achievements through garden awards and staff “values/praise” cards for going above and beyond. Lorraine emphasised the culture of valuing staff and investing in development.

Future plans

A Lifestyle Coach is being trialled to coordinate activities, develop art and exercise therapy and support household staff.

Mathew’s account (Deafinitely Independent Households)

There are two Deafinitely Independent households with BSL-trained teams. All staff and managers across WCS Care receive basic BSL training. Sign Language households have BSL-trained primary teams and WCS Care employ deaf members of staff who work with residents, supporting effective communication and ensuring residents’ needs are fully understood.

Culture of understanding and inclusion

Mathew described a “culture of understanding”, so deaf residents feel involved. New staff typically pick up basic sign language within a month. Staff wear their own clothes (not uniforms) and eat with residents to reduce barriers and model positive mealtime habits, such as presenting food well. Both changes were trialled and evidenced before adoption.

Hospital stays

Mathew described a three-month trial with Warwick Hospital, where DI BSL-skilled carers stayed with residents during hospital stays. WCS Care could invoice the hospital during that period. The trial ended and WCS Care now bears the cost. Staff continue to stay all day or overnight, sometimes for weeks,

to ensure effective communication and support. When a DI staff member accompanies someone to hospital, bank staff cover shifts in the household.

Everyday life

Staff and residents share skills and interests, contributing to a calm, homely culture and atmosphere. DI staff can also accompany residents on holidays (e.g., Blackpool).

Observations/Findings

Physical Environment

- Reception and access: Bright, clean, welcoming reception with clear signage. A weekly schedule handout lists household outings, choir, arts and crafts, music sessions, and films.
- Facilities: Cinema (plush seating, soft drinks, Haribo's, foot exerciser; can run films all day or be booked privately), spa bath (side-panel entry, music, movies, essential oils, modesty gowns), hairdresser (weekly), mini-mart, launderette, ping-pong, life-size chess, BBQ area, popcorn machine, ice cream freezer, and children's zone that make family visits easy and enjoyable.
- Village layout: A central village square with a fountain and a track that loops back, so residents do not get lost. Each level has large balconies; households have front doors that let in fresh air. The balcony design forms a continuous circular route with no internal corridors and no dead ends.
- Fresh air aim: Staff monitor and encourage at least 90 minutes of fresh air weekly per resident.
- Cleanliness and upkeep: Communal areas were clean and tidy. Cleaners maintain shared spaces; household staff and residents maintain flats.
- The home takes pride in its gardens and repeatedly wins a garden competition each year. The gardens are tended by a resident, and help people stay connected to the local community; you can see the street from the garden and reach the hairdresser and the shop by walking through it. Children are encouraged to enjoy visiting through fun outdoor activities, such as the roundabout seat and the giant chessboard.

Service User Experience, Dignity and Respect

- Relationships and respect: Staff showed they know residents personally, addressing them by their preferred names. One relative noted her husband liked being addressed by his Christian name and felt staff "go the extra mile."
- Choice and personalisation: Residents can personalise rooms with furniture, pictures, and photos. Every household has a kitchen; households often make collective decisions about meals. Picture menus support choice.

- Religious observance: A Reverend provides a Church of England service in the cinema on Sundays; other faiths are supported as needed.
- Access and independence: Visitors can come anytime; some use biometric entry.
- Safeguarding: No ongoing safeguarding issues were reported.

Activities, Music and Wellbeing

- Each household has its own schedule (e.g., music time, bingo) and residents from other households are welcome to join.
- There is an outing arranged every day, for at least one household, using the minibus and four cars. Residents take trips to cafés, garden centres, pubs, museums, and relatives. We observed people coming and going as they went about their daily lives,
- We saw a resident singing with the musician, while following the lyrics on a screen.
- Gardening and competitions: A DI resident is the village gardener. Friendly competitions (e.g., pumpkin carving) encourage participation. The gardens are integrated into the village plan, so people have to walk through them to get to places.
- Lifestyle Coach (trial): A trial is underway to introduce a Lifestyle Coach to plan and coordinate events more effectively and support staff.
- Future ideas: Exploring art therapy and exercise therapy.

Team voices we heard from:

- The Deputy Manager: (12 years' experience); introduced us to the staff and residents and stepped aside to allow staff to speak freely.
- The Team Leader: (3 years at the service); previously a carer elsewhere, values growth opportunities, monthly meetings, yearly reviews, and flexible hours.
- The Duty Role Manager: highlighted growth through meetings, appraisals, training, and refreshers. Gave an example of staff-led improvement—simplifying PCS digital care plan symbols after feedback.
- New starter: Nearing the end of four-weeks of shadowing; previously a carer in the US. Described the home's ethos as "better, with more autonomy and independent living."

Freedom with safety

- Biometric entry, two-door exit, and no elevator codes support freedom while maintaining safety.
- Nighttime monitoring

Dementia Care Consultant: WCS Care provides access to a Dementia Care Consultant for anyone (residents, relatives, staff) seeking advice.

Food, Kitchen Access and the Mini-Mart

- Choice and access: Every household has a kitchen. Residents can choose from 43 daily '[Appetito](#)' options that are in the shop. Households often decide meals collectively. The Deafinitely Independent community frequently cook for themselves. Relatives may cook or bring food to meet individual needs.
- Shop rules: The shop is open 24/7. Staff do not enter unless accompanying a resident. Everything in the shop is free for residents with the cost covered by their fees.
- Presentation and quality: At a lunch observation in a household of six, food was presented well; people chose their preferred portion sizes, and staff were attentive, assisting appropriately with feeding and cutlery.
- Feedback on variety: Some residents asked for more variety of firm/solid meals (e.g., steak) and felt some options were "easy to swallow"; this is reflected in recommendations.

Staff observations and feedback

- Staff consistently described approachable, evidence-led management who test and prove improvements before adopting them.
- People valued flexible shifts (Book Jane), in-house training, clear career progression, and no agency reliance (with Bank cover as needed).
- Staff felt trusted to bring their skills (music, crafts, sport) to enrich daily life.
- Staff reported that BSL basics are widely used and that Deafinitely Independent staff support effective communication to make sure people's needs are understood.

We spent time in both Deafinitely Independent households and were extremely impressed by what we saw. Staff sign language communication skills are very good. Residents use different signs depending on their culture and signing ability, and staff know and understand what they are saying and can all sign back. The atmosphere was happy, welcoming, sociable and busy, with people coming in and out, going to local community centres, friends' homes, town, and horse riding. With staff support, we were able to communicate well with residents who were keen to share a cup of tea and biscuits with us and to let us know about their lives.

We heard from one person who was in their room engaged in a purposeful activity. We saw how a staff member's ability to hand-sign opened a resident's ability to speak to us. It was quite exceptional and demonstrated how important staff skills are to each person, and the impact a staff member's leaving can have on communication. The staff member told us they had no prior experience in care but thought they would try it out at a friend's

suggestion. After coming to Woodside, to see if this type of work would suit them, they had learnt the alphabet in a few weeks and were then given time to practice with this resident. Their skill level was high, enabling the resident to talk to us. We were very impressed by what we saw and appreciated the staff and residents showing us the different ways deaf people communicate with hearing people.

Feedback from Residents/Relatives/Carers/Visiting Professionals:

Overall sentiment: Feedback was consistently positive, describing the environment as welcoming and the care as person-centred and responsive. People felt the staff know residents well and treat them with dignity and respect.

The residents told us:

“Everything is more than okay.”

“Very well accommodating.”

“There’s always something going on.”

“I enjoy reading. There are plenty of books to choose from.”

“I like that staff call me by my Christian name.”

We received feedback on food options:

“I’d like a bit more variety, sometimes the food feels too soft.”

“Occasionally it’s like ‘slop’. I prefer something more solid.”

The residents relatives told us:

“Mum would not be here if she had not been so well looked after.”

“Absolutely excellent.”

“My son visited 5–6 other care homes and they were awful; we chose Woodside as it was a breath of spring.”

“We chose Woodside for the environment and the outside experience.”

“Top level care.”

“Cannot fault the staff.”

“Very person centred.”

“All the staff have relevant training.”

“My husband likes that his carers call him by his Christian name.”

“Ed (Chief Executive) was very charming.”

Management:

Managers were exemplary—welcoming, reflective, and committed to continuous improvement. They encourage staff to trial ideas and evidence outcomes before rolling out changes. Staff said managers are present, approachable, and supportive.

The staff told us:

“We have a culture of understanding so Deaf residents feel involved.”

“If staff work here for a month, they’ll pick up basic sign language.”

“All the staff are BSL trained.”

“We have all the training we need and more.”

“No codes as they restrict residents, and we are not about that.”

“Losing a staff member can mean losing a communication link for a resident.”

Staff Support and Relationships:

- Staff described a supportive team culture.
- Staff felt specialist skills (e.g., BSL) are valued and welcomed further recognition.
- We were told that several staff have chosen to move their own relatives to the home, indicating confidence in the service.

Job Experience:

- Staff reported job satisfaction, flexible working, and clear progression pathways (e.g., carer → Team Leader).
- New starters were positive about induction, shadowing, and the home’s ethos of autonomy and independent living.

The managers, staff and residents were very welcoming and happy to talk with us. We’d like to thank them for taking the time to share their experiences and tell us what life in the village is like.