

Runwood Homes Limited

Woodbury Court

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Woodbury Court is a residential care home providing personal care to up to 94 people. The service is a large two storey building with a garden courtyard in the middle of the complex. There are five units; Rose, Tulip, Ivy, Jasmine and Lotus providing care to older people and those living with dementia. At the time of our inspection there were 93 people using the service.

People's experience of using this service and what we found

Risks to people's safety were assessed and monitored and there were systems in place to safeguard people from the risk of abuse. Processes were in place to manage people's medicines safely and staff had received medicines training. The provider monitored the deployment of staff across the service to ensure there were enough staff available to support people's needs.

People and relatives spoke positively about the culture and leadership of the service and the care people received from staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had made improvements to people's mealtime experiences since the last inspection. The registered manager continued to review the support people during meals to identify where further improvements could be made.

The provider had implemented safe infection prevention and control processes. Staff had access to appropriate personal protective equipment [PPE] and had receiving training in the management of infection control risks.

Staff were safely recruited and received an induction when starting in their role. Staff completed a range of relevant training to support their understanding of people's needs and told us they felt supported and valued by the management team.

The provider had effective systems in place to monitor the quality and safety of the service and people, relatives and staff felt comfortable raising any concerns and giving feedback. The provider had built strong links within the local community and worked effectively alongside other health professionals to support people's health and wellbeing.

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

Rating at last inspection

The last rating for this service was good (published 10 March 2020).

At our last inspection we recommended the provider review their arrangements for people's mealtimes and look at best practice guidance in relation to the deployment of staff across all units. At this inspection we found the provider had made improvements.

Why we inspected

We received concerns in relation to the management of people's healthcare needs, staffing levels and people's personal care needs not being met. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Woodbury Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 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.

Service and service type

Woodbury Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodbury Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 12 relatives about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 9 members of staff including the registered manager, deputy manager, team leaders and care staff. We also spoke with 4 healthcare professionals who have regular contact with the service. We reviewed a range of records. This included 9 people's care plans, 5 people's medicines records, 4 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider consider best practice guidance in relation to the deployment of staff across all units. The provider had made improvements.

- The provider had considered how staff were deployed across the service. During the inspection, we observed staff responding promptly to people's needs, even during busy times of the day.
- Staff told us there were usually enough of them on duty, although this was sometimes impacted by absences. One member of staff said, "Staffing is usually good and we have an amazing team. Sometimes there's last minute sickness, but we call the managers and they will arrange cover." Another member of staff told us, "There are enough staff, it's only difficult if anyone goes sick, but we can normally get cover."
- People and relatives told us there were enough staff available to provide appropriate support, although some relatives said there appeared to be less staff at weekends. Comments included, "The staff are on top of everything and are very experienced. There tends to be less staff on at weekends than during the week, there is always a familiar face though," and "The staff at weekends are sometimes agency staff, but there is always someone on duty that you know."
- The registered manager told us they regularly reviewed staffing levels against people's needs to ensure there were enough staff deployed throughout the week.
- The provider had ensured staff were safely recruited with appropriate employment checks completed prior to starting work.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed. For example, during the inspection we reviewed the care plans for people who had sustained weight loss. The registered manager was able to demonstrate how this was being monitored and what actions had been taken, including referrals to the dietician and input from the GP.
- People told us they felt safe and people's relatives confirmed they had no concerns about people's safety. Comments from relatives included, "I am confident the staff do their best to keep my loved one safe," and "I feel they are 100% safe."
- Staff were knowledgeable about risks to people's safety and were able to tell us how they supported them to minimise these. People's daily care notes did not always clearly evidence this support as some entries lacked detail and some interactions were not consistently documented. Following the inspection, the registered manager undertook a full audit of people's daily care notes to highlight where improvements to recording could be made.

Using medicines safely

- People received their medicines as prescribed. Staff had completed medicines training and the provider had assessed their competency to ensure they understood how to support people safely.
- The provider arranged for people's medicines to be reviewed regularly with the GP to ensure they were still appropriate for their needs.
- The provider completed regular audits to ensure medicines were given correctly. During the inspection, we identified several balance checks which had not been correctly documented; however, the stock on site was accurate. Following the inspection, the provider confirmed a group supervision had been undertaken with all staff responsible for administering medicines to review how stock balances were being documented.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy in place for staff to follow and there were clear processes for reporting, reviewing and learning from safeguarding incidents.
- Staff had received safeguarding training and knew how to report any concerns. One member of staff told us, "I would tell the manager straightaway and make a record of it."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider ensured visitors were able to come into the service without restrictions and in line with government guidance. People received regular visits from friends and relatives.

Learning lessons when things go wrong

- The provider had a process in place for reviewing and analysing accidents and incidents.
- The registered manager shared this analysis and lessons learnt with staff during supervisions and team meetings to minimise the risk of a reoccurrence.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider consider good practice guidance and review the arrangements for mealtimes. The provider had made improvements.

- The provider had implemented regular mealtime experience audits following the last inspection. These had been used effectively to identify areas for improvement.
- The registered manager regularly asked people for their feedback about menu choices and adjusted meals options in line with people's preferences.
- We observed staff offering people support and encouragement to eat where appropriate and staff were knowledgeable about people's eating and drinking needs.
- Staff understood the importance of monitoring how well people were eating and drinking. One member of staff said, "Some residents don't eat a lot and it can be hard to encourage them to eat more. If someone hasn't eaten well, we record it in their care notes and tell the care team leader. We keep an eye and monitor how they seem; it may just be an off day or it may be something isn't right for them."

Staff support: induction, training, skills and experience

- Staff undertook an induction when starting in their role. One member of staff told us, "The induction was really good. It was very thorough and if I had any questions I could go and ask the managers."
- Staff completed a range of training relevant to their roles. The registered manager had a matrix in place to check when staff had completed their training and what training was still outstanding. Where staff had not completed their training within the agreed timescale, the registered manager had addressed this with them.
- Staff received regular supervisions and told us they felt supported by the management team.

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

- The provider had assessed people's needs and used this information to develop their care plans.
- The provider had considered people's protected characteristics including any religious and cultural support needs and documented this as part of their assessment and care planning process.
- The provider ensured staff had access to organisational policies and procedures to support their working practices. The registered manager signposted staff to any updates or changes to policy where necessary.

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

- People were supported to access appropriate healthcare support when needed. The provider responded

promptly to people's changing health needs, seeking medical advice and making referrals to other healthcare professionals when necessary.

- People's care plans contained information about who was involved in supporting their healthcare needs alongside a record of their appointments, with any feedback or recommendations recorded.
- The provider worked closely with the local authority as part of their PROSPER programme (promoting the safer provision of care for elderly residents) to monitor falls, pressure care needs and infection risks for people living in the service.

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

- The service was well decorated and maintained. There were photographs and pictures on the walls to encourage conversation and people's bedrooms were personalised to reflect their preferences.
- People's relatives spoke positively about the environment of the home. One relative told us, "The atmosphere is homely and feels cosy."
- There were signs displayed throughout the service providing directions to the different living areas and facilities. The registered manager told us they were continuing to review these to identify any improvements which could assist people in finding their way around.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to consent had been considered by the provider and people's care plans detailed what decisions people could make independently and when they may need support with decision-making.
- The provider had submitted DoLS applications to the appropriate authorities when necessary and the registered manager had a tracker in place to ensure applications were re-submitted when due.
- Staff had received training in understanding the principles of the MCA.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff spoke positively about the culture and management of the service.
- Relatives told us there was regular communication from the registered manager and they felt involved in people's care. Comments included, "The management work above and beyond, the communication is excellent and they listen, care and keep you updated," and "I feel at ease discussing anything with the management team, I trust the home 100%."
- Staff told us they felt valued by the management team and were proud to work in the service. One member of staff said, "I can't fault [registered manager] and [deputy manager], I can go to them with anything and even when they're not here, they are always on the end of the phone." Another member of staff said, "The management are there for you, day or night. I love working here and I would be happy to have a loved one living here."
- The provider encouraged regular feedback both formally and informally through a range of surveys, meetings, phone calls and email updates. The registered manager told us this provided people and relatives with different opportunities to be involved in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to monitor the safety and quality of the service. The registered manager completed daily, weekly and monthly audits in key areas of people's support such as care planning and risk management, safeguarding and medicines administration.
- There was a clear management structure in place in the service with easily identifiable lead roles. The management team were visible and accessible and people and relatives knew who to contact with any queries. One relative told us, "The management have an open door policy and if I have had any concerns these have always been actioned and quickly."
- The provider understood their responsibility to be open and honest with people when things went wrong. The registered manager was aware of their regulatory responsibilities including when to submit appropriate notifications to CQC.

Working in partnership with others; Continuous learning and improving care

- The provider worked in partnership with a number of different health and social care professionals to

support people's needs.

- Healthcare professionals spoke positively about the working relationships they had built with the management team and staff. One professional told us, "I feel that we have built a good rapport with the staff and home management team during this time. [Registered manager] and [deputy manager] have good communication with our service and will reach out if they have any queries or concerns." Another professional said, "They always get back to me and follow up on any recommendations and if they have any doubts, they will always call me."
- The provider used the information gathered from their internal audits, alongside feedback received from surveys and during meetings in order to make improvements to the service. The registered manager sourced external training and support in order to continuously develop their own knowledge and share learning with staff.