

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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service.

Woodbury Court provides personal care with accommodation for up to 94 people of all ages. They were providing care for 86 people at the time of the inspection. The service is a large two storey building with a small garden courtyard in the middle of the complex. There are five units Rose, Tulip, Ivy, Lotus, and Lavender providing care to older people and those living with dementia and one unit Jasmine, providing short term rehabilitation after discharge from hospital.

Whilst people had a balanced diet, they were not always supported with their meals at lunchtime in a personalised way.

We have made a recommendation to review the arrangements for people's mealtimes.

There were enough staff on duty to meet peoples needs. The way staff were deployed across the service, especially at lunchtimes, was in the process of review.

We have made a recommendation that the provider look at best practice guidance in relation to the deployment of staff across all units.

Quality monitoring processes were being undertaken. Audits on the quality of people's mealtime experiences across all the units was in progress.

People told us the service was safe, and they were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risk assessments were thorough and personalised.

Staff demonstrated they had the relevant knowledge and skills to support people with their care. Safe recruitment practices were in place. People's medicines were managed and administered safely. The service was clean and infection control procedures in place and lessons were learnt when things went wrong.

Training and supervision were provided on a regular basis and updated. Staff liaised well with health professionals to ensure people were kept as well as could be. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their family members told us staff were caring and kind. They said they were involved in discussions about their care. Care plans were detailed and contained relevant information about people who used the service and their needs.

People had access to a range of individual and group social and leisure activities which they enjoyed.

Concerns and complaints were listened to and fully investigated. People were well looked after at the end of their life.

The service had an established and experienced management team and consistent team of staff. Staff were well supported and spoke highly about working for the service. Good joint working initiatives were in place.

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 Outstanding (3 July 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, an assistant inspector, a specialist professional advisor 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. Our Expert by Experience had cared for someone who had used this type of service.

Service and service type

Woodbury Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this 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

This inspection was unannounced.

What we did before the inspection

We looked at information received about the service. The provider submitted a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with six people who used the service and five relatives about their experience of the care provided. We observed interaction and daily activity of the service on each of the units. We spoke with thirteen members of staff including the registered manager, deputy manager, team leaders, chef, activities coordinators, care staff and volunteers. We spoke with four visiting professionals.

We reviewed a range of records. Eleven people's care plan documents were looked at, three of which included case tracking their medicines administration. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety and quality assurance procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. This included training and supervision, records relating to people's meal times, end of life care evidence and the management of the service we had requested from the registered manager. We received email feedback from five health and social professionals.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff told us there were enough of them to meet people's needs but not always at busy times.
- On one unit, there was enough staff available throughout the day. Whilst on three of the units, staff were not always deployed appropriately, especially during lunchtime. A family member said, "They [staff] could do with an extra pair of hands sometimes." One staff member said, "Sometimes we could do with one more of us at busy times, but we kind of manage." Another staff member said, "There is only three of us at lunchtimes and it can be busy and it's difficult to stop people eating with their hands. We can't watch them all the time, that's why I gave [person] new potatoes instead of mash, because they can pick it up"
- Our observations of people during lunchtime on three units showed that staff were not always placed where people had the highest need. We discussed this with the registered manager who agreed to look at staffing based on people's needs.

We recommend the provider look at best practice guidance in relation to the deployment of staff across all units.

- The service did not use agency workers as staff and bank staff covered additional shifts. The benefit of this being staff were consistent and knew people's needs. One person told us, "There is always someone to help me, I don't have to wait too long." One staff member told us, "I feel there are enough staff on to keep people safe and to give people choice and time to sit and chat."
- Relevant checks were carried out before the staff started work. These checks included identification, references, and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "Yes, it's very safe here for me, and they've moved me to this room, so I have a nice view now." One family member told us, "I know it's a very safe home for [relative], and I am so content that they are here."
- Staff knew what safeguarding people from harm meant and how they would report it and to whom should they have any concerns. Staff were confident if they raised any concerns with the registered manager they would be dealt with correctly.

Assessing risk, safety monitoring and management

- Risk assessments for individuals had been completed which covered a range of topics, such as, falls and mobility, pressure care, food and drink, continence and the use of equipment. Records were up to date and reviews undertaken to ensure staff were aware of people's current needs.

- Health and safety and environmental risks had been assessed and action had been taken to keep people safe. A comprehensive development plan ensured safety was monitored and managed.
- People's needs in the event of emergencies, such as personal evacuation plans were recorded and available to staff and the emergency services.
- People and their families were involved in decisions about their safety to ensure there was the minimal restriction on people's freedom and choice. For example, sensor mats by people's beds were used for those at risk of falls. Also, people had gates across their doors to keep them safe from uninvited visitors.

Using medicines safely

- Medicines were managed and administered safely. Records showed that medicines were received, stored, checked and dispensed well. Regular audits were undertaken to ensure people were receiving their medicines at the right time and in the right way.
- Staff had been trained in administering medicine and had been assessed as competent to give people their medicines as prescribed.
- We observed staff giving people their medicines. Staff told people the name of the medicine and what they were for. Staff asked people their consent before giving them. However, the timing of the medicine round needed review as people were given their medicines whilst eating their midday meal. The registered manager was made aware of this in our feedback.

Preventing and controlling infection

- On the day of the inspection, we found the service to be clean, tidy and odour free. A family member said, "The laundry is brilliant. [Relative's] clothes are washed over night and ready for the next day, the bedding is clean and smells fresh and the room is lovely and clean."
- Staff had been trained in infection control and we saw staff adhering to the single use of disposable gloves and aprons correctly. A family member told us, "I always check the cleanliness when I come in. I even check the sheets, and make sure they are clean, there's never a stain on them."
- People's equipment such as wheelchairs and hoists were kept in their room as well as their individual slings, as an infection control measure. Spare slings were available if needed, a staff member told us, "We use stock slings, if we have them, but clean them in the washing machine after use ready for the next person to use them if needed"

Learning lessons when things go wrong

- The registered manager recorded, reviewed and investigated safety incidents and accidents to prevent them from happening again. These were shared with staff so that lessons could be learnt, and processes improved as a result. For example, a staff member had not communicated a safeguarding concern in the correct way for it to be dealt with quickly. The registered manager provided information which showed the steps taken. This included open discussion of issues at staff meetings, all staff had face to face safeguarding training and supervision, booklets and information was shared and appropriate disciplinary action taken so everyone was clear of the process to take to keep people safe.

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 the last inspection this key question was rated as Good. At this inspection, this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Not everyone was able to enjoy the mealtime experience. We observed people having their lunch on four different units only (as there was only one person in Jasmine unit).
- Not everyone who needed help was assisted to eat their meal. Some people were getting up and walking from the dining room without eating their meal, and people were using their hands and their knives to eat without intervention from staff. People were seen on two units putting whole slices of boiled bacon in their mouth and finding it difficult to chew the amount in their mouths. We did not see staff offer to cut their food up to make it easier for them to eat.
- Staff did not always communicate effectively with people during the meal time such as putting clothes protectors around people's necks and wiping their mouths without asking them and not asking where and who they wanted to sit with.
- The atmosphere in two of the dining rooms was noisy and chaotic. The scraping of chairs on the floor was unpleasant, staff did not always effectively communicate well with each other, so people's needs were not met and, the amount of people in one dining area, did not leave enough space for staff to sit and assist people comfortably.
- In all three of the units, we observed tasks and actions which did not give people an effective and positive mealtime experience and improvement was needed. We spoke with the registered manager about these examples during our feedback. They assured us that they would undertake observation of the mealtimes on all the units and make the necessary improvements.

We recommend the provider look at good practice guidance and review the arrangements for mealtimes.

- People were supported to have a balanced diet that promoted healthy eating. They had a choice of meals on the daily menu or could have something else if they preferred. The chef told us, "The food is all fresh and homemade, the care staff let me know who has liked what."
- Specialist cutlery and plate guards had recently been purchased to support people to eat independently.
- People were involved in decisions about what to eat and drink and any religious or cultural preferences for food were met. One person said, "I'm not eating too well, but it's not their fault, I just don't feel like eating. They've kindly brought me this sandwich, and I'll try and eat it."
- In one dining room, we saw people chatting together and staff engaged with them. Lunch was relaxed and comfortable. We observed staff speaking with people whilst assisting them to eat in their rooms. The conversations were individualised to the person's interests and the meal was not rushed. One person said, "The food is okay here, there's a nice choice." A family member said, "[Relative] loves the food and keeps

their weight healthy now."

- If people required a specialist diet or their food produced in a different way such as soft or textured, due to swallowing difficulties, this was provided. We saw that food moulds were used so people knew what they were eating, separating the meat and vegetables which looked colourful and appetising.

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

- An assessment of people's needs was carried out before they had moved in. This ensured that Woodbury Court would meet their needs and preferences.
- The registered manager kept up to date with standards and current good practice guidance. For example, they were aware of the new guidance on oral health (Smile) and had shared information with staff. They had also launched 'Tooth Brush Tuesday' for staff to remind them to check people had toothbrushes, toothpaste, dentures and denture pots available.

Staff support: induction, training, skills and experience

- Staff undertook an induction process which provided them with an understanding of health and safety and shadowing other members of staff until they were competent to work with people. Staff undertook the Care Certificate which is a minimum set of standards that health and social care workers adhere to in their daily working life.
- Staff had been given training in the subjects necessary for their role. They were also provided with specialist training as required. This included continence and catheter care and recognising the causes of falls. One staff member said, "We get excellent training to support us in giving good care to people." Another said, "There is always something different to learn, training is seen as really important here."
- Staff had regular supervision and annual appraisals which detailed their performance and learning needs. They had their practice observed to make sure they were competent in their role. One staff member told us, "I have regular supervision and I always ask the team leader for guidance if needed." Another said, "We are encouraged to better ourselves. I have nearly finished one course which will give me my level three so I'm really pleased with that."

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

- There was evidence the staff were working closely with various health and social care professionals, including the Clinical Commissioning Group (CCG), foundation trusts, GP surgery, social workers and the mental health and dementia team. One social care professional told us, "The staff respond well to the changes in people's needs. They seek interventions from appropriate agencies earlier on to ensure people's physical and mental health remain stable and to prevent situations from escalating to crisis levels."
- The service worked closely with the PROSPER team (prevention of falls and infections) at Essex County Council and had recently won a Silver award for their work in reducing preventable harm from falls, urinary tract infections and pressure ulcers for people who used the service.
- A good illustration of joint working was a new service available for people being discharged from hospital. People had the opportunity to discuss, explore and plan for their future physical, medical and housing needs in a planned way to maintain their independence, well-being and autonomy.
- Records showed that good liaison meant that the service provided individualised care based on people's needs and wishes. One family member told us, "[Relative] came here straight from hospital. The hospital told us that they would never walk again, but the staff here were so positive. They have helped them so much, and they are now able to get about." A health care professional told us, "When a person is physically and mentally unwell, the staff screen for basic interventions like checking for a urine infection and involve the district nurse and GP. We can then act quickly together to prevent people from relapse and reduce admittance to hospital and unnecessary distress to people and their families."

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

- The service was clean, accessible, well decorated and kept to a high standard. The signage however, to some of the units could be made clearer to make it easier for people who use the service, their families and visitors to find their way around.
- The environment of the home was very responsive downstairs, with memorabilia, pictures and items which people with dementia may enjoy. However, upstairs the environment was sparse and did not appear to be as dementia friendly as it could be. We spoke with the registered manager about this and they told us, due to the redecoration of the area, items had been taken down and would be replaced as soon as possible.
- People had good size bedrooms which were personalised with photographs and ornaments. There were different dining areas and communal spaces which could be used by people and their families, for example we saw families using one of the rooms set up as a bar and another set up as a tea room.
- There was an ongoing maintenance plan for the refurbishment of the premises. On the day of our inspection a new carpet was being put in one of the bedrooms. One person said, "It is very homely." Another told us, "I really like my room, I am comfortable."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where appropriate, mental capacity assessments had been completed and covered a variety of different areas such as the use of bed rails, constant supervision, providing personal care and administering medicines.
- The registered manager had clear oversight of DoLS. Applications had been made to the local authority, if any restrictions on people's liberty were being imposed. Some we saw had been authorised, whilst others were waiting to be approved. All were made in a timely way and notification made to CQC when approved.
- People or their representatives, such as a Lasting Power of Attorney, had given their consent to people's care and treatment and was recorded within their care plan.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to Good.

Good: This meant 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

- People felt very cared for and supported. One person said, "It's very homely and warm " Another said, "I've been here a while and the staff have been brilliant. In fact, they keep telling me to do less, and let them help me more. I know they are concerned for me, it's nice."
- Family members told us they were always welcomed by staff, who had got to know their first names. One family member said, "It makes it feel more like home." Another told us, "The staff make it feel like a little community for [relative]."
- Throughout the day, despite the experience for some people at lunchtime as staff were rushed, we saw staff talking, assisting and supporting people in a caring and generous way. They used touch and positive language ensuring people were comfortable with whatever task was being undertaken.
- Staff provided reassurance, and choices about daily living such as what music they would like on, taking time to play games with them or chat about current or reminiscing about past experiences. Staff used people's first names and were calm, gentle and encouraging. Humour was used appropriately, and many people and staff had their own 'inside jokes' and familiar connections.
- Staff were knowledgeable about people needs, preferences and personalities. They treated people as individuals and met their diverse needs. The management team were very caring in their approach and knowledgeable of people's personalities and needs.
- Staff showed a genuine interest in what people were talking about and responded appropriately. One staff member said, "I think they [people] are all great. I know them inside out and they probably know me too!" One health care professional said, "I have always found the staff to be caring and helpful. The service is friendly, and people appear happy and contented. Staff are happy and willing to go the extra mile."

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

- We observed staff involving people in the arrangements for their care and support in different ways. Staff helped people to communicate their wishes and people responded well to physical and verbal prompts.
- One person who was distressed was supported to make a choice about what might make them feel better, talking with a staff member or having a cup of tea in their room. One relative said, "I cannot speak more highly. They [management and staff] have been so supportive for us all here. You just have to mention something, and it's followed up, they are very good at including us."

Respecting and promoting people's privacy, dignity and independence

- People and their families told us they were treated with dignity and respect. One person said, "They treat me as an equal, not as just any old body although they have other people to care for." A family member said, "I come in sometimes, and one of the staff has done [relative's] nails nicely, and a hairdresser comes regularly. It's a good home."
- The service provided a protected time for an hour each day for staff to focus not on tasks but on engaging and interacting with people. We observed some warm, caring interaction which people responded to positively.
- We observed staff knocked on people's doors before entering and called people by their preferred names. People generally looked comfortable and well-presented. One person said, "I am warm and cosy, and they keep me looking good." A family member said, "[Relative] is always smartly dressed and in clean clothes." However, we did observe in two units that most people were not wearing socks or tights and had their lower legs exposed. Some people told us they were a, "bit chilly."
- People's independence was supported, and staff encouraged people to do what they could for themselves, such as walk and stand to relieve pressure and exercise their muscles. One person said, "I was asked what room I would like, and I live here very much independently. I can come and go as I please as I have my own key, but I always tell them when I leave and where I'm going. I'm never refused. I can go anywhere and get a cup of tea whenever I want one." A family member said, "[Relative] is helped to keep their independence and this has given them their self-respect."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and detailed, covering key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person. Staff knew their history, likes, dislikes, preferences and wishes. We heard a person ask for a gin and tonic with lunch and the staff member told them instantly they would get one from the bar. Another person asked for cocoa and was responded to quickly.
- People's characteristics such as their gender, age, culture and religion were acknowledged and recorded. People had support to enable them to follow their spiritual and cultural beliefs as well as food preferences. The registered manager told us that they needed to improve their recording of people's first language (for example, staff were unaware that one person was a Welsh speaker), ethnicity and sexual orientation. Work was currently underway by the provider to look at ways of supporting people's diverse needs across Runwood Homes and making sure everyone was valued and welcomed.
- Changes in people's health or care needs were quickly communicated via electronic handheld devices. Information was instantly updated in their care plans so staff always knew people's up to date needs. Reviews of people's care were undertaken with their and their family's involvement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of group and individual activities on offer. Two activities coordinators offered a programme of classes and activities, such as arts and crafts, exercises, outings, therapy dog visits and quizzes. One family member said, "[Relative] enjoys the morning exercises, which go down very well with everyone who wants to join in." Another said, "[Relative] so much loves the garden in the summer. I can't speak more highly of the home. I'm so content with having them here."
- Family members, friends and volunteers were actively encouraged to visit and participate. One of the activities coordinators said, "We are supported by the staff. They pick up activities and help out, we're a team really." We observed staff ask people their choice of music and they agreed on Elvis. This led to a spontaneous movement and exercise session which everyone enjoyed.
- People from the community were involved in the service including entertainment, singers and children from the local school which people especially enjoyed. One family member said, "There's always something going on, and it's lovely to see [relative] enjoying the activities".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs including any sensory impairments had been identified with guidance in place for staff to follow to help people express their views. Pictorial menus and visual choices were available to help people make their preferences known. Information could be made available in whatever format a person required. Staff had developed pictures to aid a person to communicate so they could respond with their feelings and wishes.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people knew how to complain should they wish to. The registered manager kept a record of concerns and carried out an investigation when complaints had been made. They learnt lessons from each complaint and put measures in place to prevent reoccurrence.
- The managers had an open-door policy and family members could talk about their views and concerns with them in an informal way. One family member said, "I got a call from the service recently, and it was just to tell me that [relative] wasn't feeling so good, but nothing to worry about, just to let me know. It's that sort of thing that really helps me. I think the manager and deputy are simply great!"

End of life care and support

- The service provided good end of life care to people. The service had received many compliments about the care family members had received. One compliment said, "During the time my [relative] was at Woodbury Court, they were treated with the utmost kindness and compassion. We were made very welcome and nothing was too much trouble."
- Staff responded to people and their families in a respectful, compassionate and attentive way. Comfort baskets were placed in people's room and filled with objects that were personal to them such as a cuddly toy, bible, newspaper or a book that could be read to them. One family member wrote, "What never ceases to amaze me is the care given. The attention and compassion given to a complete stranger is staggering. The care for [person's name] didn't stop there. It was extended to us as a family with bottomless cups of tea and constant checking in. You are all amazing people. Thank you from the bottom of my heart."
- Detailed information surrounding people's preferences at the end of their life was discussed with them and their family members and recorded so that clear guidance was available for staff.
- Care plans had information about decisions people had made about their preferred place of care and where appropriate, a Do Not Attempt Cardio-pulmonary Resuscitation (known as a DNAR) was in place. A DNAR is a way of recording the decision a person, or others on their behalf had made, that they were not to be resuscitated in the event of a sudden cardiac arrest.
- The service had a very good relationship with the palliative care team. They worked together to ensure all the necessary support was in place such as making sure anticipatory medicines were available should a person be in pain or discomfort. A health care professional told us, "The service is expertly led, and staff are compassionate and proactive with ensuring people receive the best end of life care. Training them is a pleasure as they are really committed."

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 the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a quality assurance process in place. We saw a range of daily, weekly, yearly audits which showed the service was being managed. From our observations of practice, reviews needed to be done in terms of audits of mealtimes and the deployment of staff across the service. The registered manager had implemented changes quickly after the inspection to both areas and was monitoring the progress of these.
- The registered manager was clear about their role and responsibilities and responded well to challenge. They were supported by a management team, deputy, administrator, team leaders, care, activities, housekeeping and maintenance staff. One staff member said, "The manager is excellent. You can take anything to her and she listens. She holds regular staff meetings, and she'll catch staff at shift changeover and sometimes holds 'flash' meetings if there's something we all need to be told."
- Staff were knowledgeable and committed. They had regular formal and informal support and were actively appreciated by the management team. One staff member said, "I really enjoy my job, I like the company and feel valued and supported." Another said, "I feel supported and able to ask questions, it is a good place to work everyone is really friendly. We work as a team." Another said, "I think it's a great service. It becomes home."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were visible and approachable. There was a positive culture of respect and everyone was valued.
- People, their family members and staff spoke highly about how the service was managed. A family member told us, "The manager and her deputy are great. They're on top of everything and I see them around the service all the time. A staff member said, "They [manager and deputy] are brilliant, can't fault them. They are contactable anytime even at weekends. They can't have a life!"

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; Continuous learning and improving care

- The registered manager and deputy were open and transparent about making ongoing improvements to the service.
- The service sent notifications to CQC as required by the regulations about specific incidents that occurred at the service. Safeguarding concerns were raised and dealt with in a timely way, with lessons learnt put in place from the outcomes.

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

- People were involved in the interviews for staff and their opinion was valued in making decisions about suitable employment.
- Views of people, their families and staff were sought through a range of surveys. These included catering and activities. The current survey results about activities was being analysed and actions put in place.
- Woodbury Court's 'Tools Down' approach at 11am every day, where all staff spend some quality time engaged with people was innovative. Views, feelings and observations from these times was fed into the service's development plan which was robust and inclusive.
- Meetings of people who used the service and their relatives were held. We saw details of the last meeting displayed for everyone to see. A request for food to be put on warmed plates was made in the notes. However, this request was not followed in three of the units as food was put on cold plates which were taken from the cupboard. The registered manager was made aware of this during our feedback.

Working in partnership with others

- There was extensive evidence of partnership working with a range of professionals, projects and organisations including CQC to make ongoing improvements to the service, to people's wellbeing and to the health and social care sector as a whole.
- The registered manager said they attended meetings, external training and kept up to date with current good practice. One health care professional told us, "The service has a good management team who provides a good example and is able to lead the staff. The manager has wide experience in this area and runs the service well. Another said, "The management is very engaging and willing to share to support people in their care."