

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 caring?	Outstanding	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection took place on 10 December 2014.

Woodbury Court is one of a number of services owned by Runwood Homes Ltd. The service provides care and accommodation for up to 94 people who may need assistance with personal care and may have care needs associated with living with dementia.

The service had a registered manager in post. 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.

People were very happy with the care and support provided. They were treated with dignity and respect and we saw staff interacting with people in a kind, caring and sensitive manner. Staff were very tentative to people's needs and people looked happy.

Summary of findings

People felt safe and staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. The provider had systems in place to manage risks, safeguarding matters and medication and this ensured people's safety.

A thorough recruitment process was in place that ensured the staff recruited had the right skills and experience and were safe to work with people living at the service. Staff rotas showed that there was consistently enough staff on duty to keep people safe. The manager ensured that staff received the training and support they needed to deliver a high standard of care to people. Staff told us that they felt well supported to carry out their work and that they had received regular supervision and training.

People who used the service, and their relatives, were involved in planning and reviewing their care. There were sufficient numbers of staff, with the right competencies, skills and experience available at all times, to meet the needs of the people who used the service.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice.

Staff had a good understanding of DoLS legislation and had completed a number of referrals to the local authority in accordance with new guidance to ensure that any restrictions on people were lawful. Records and

discussions with staff showed that they had a good understanding of this subject and they had received training in MCA and DoLS. Assessments had been carried out where people were not able to make decisions for themselves to ensure their human rights had been protected.

We found that people's health care needs were well met. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The manager had been proactive in working with health care professionals to help introduce systems which enhanced people's lives and ensured they were receiving the treatment and care they needed.

Suitable arrangements were in place that ensured people received good nutrition and hydration. People were supported to be able to eat and drink sufficient amounts to meet their needs and were also offered choices during mealtimes.

The manager had developed a strong and visible person centred culture in the service and staff told us that the management team were very knowledgeable and inspired confidence and led by example. The manager continually strived to improve the service and demonstrated that she knew which areas of the service needed attention. Since being in post they had introduced a number of systems to improve the quality of care and enhanced people's lives. People knew who to raise concerns with. The service had a clear complaints procedure in place which was clearly displayed. The manager is always proactive when contacted by the CQC to investigate any concerns and responded within the required timespan.

Summary of findings

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.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient numbers of staff, with the right skills and experience to meet the needs of the people who used the service.

Good



Is the service effective?

This service was effective.

Staff had received the training and support they needed to deliver a high standard of care to people.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Suitable arrangements were in place that ensured people received good nutrition and hydration.

People were supported to maintain good health and had access to appropriate services and on going healthcare support.

Good



Is the service caring?

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences. Staff treated people with respect, privacy and dignity.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Outstanding



Is the service responsive?

This service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed and people's individual needs were met.

People had access to activities that were designed to meet people's individual needs, hobbies and interests and promoted their wellbeing.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Good



Is the service well-led?

This service was well-led.

Good



Summary of findings

Staff understood their role and were confident to question practice and report any concerns.

There was a positive culture in the home and the manager was actively developing the service.

Systems were in place to monitor the quality of the service people received.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents.

Woodbury Court

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 checked whether the provider is 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 visit was unannounced and took place on the 10 December 2014.

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.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications that had been sent to us within the last year. A notification is information about important events which the service is required to send us by law. We used the information in statutory notifications to make a detailed inspection plan and identified the areas we were going to focus on.

During our inspection we spoke with 23 people who used the service, eight visiting relatives, the registered manager, and eight members of the care staff. We had also requested feedback and comments from health care professionals who regularly visit the service and four responded.

Not everyone who used the service were able to communicate verbally with us. We spent time observing care in the communal areas and also the dining room. We used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who are unable to talk to us due to their complex health needs. We also spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met.

As part of the inspection we reviewed eight people's care records. This included their care plans and risk assessments. We looked at the files of two newly recruited staff members and their induction records and also staff records.

We looked at the service's policies, their audits, the staff rotas and complaint and compliment records. We also viewed the medication, maintenance and staff support records.

Is the service safe?

Our findings

People told us that they felt safe and their comments included, “I feel very safe here. The staff are so good to us and look after me very well.” And “I cannot tell you how safe I feel here, at all times.” One relative said, “Yes, I would say this is a very safe environment. No doubt about that.” Another relative told us, “I visit every day, and I know [person]’s safe here. I don’t go home and worry about [person] being badly treated at all.”

People were protected from the risks of avoidable harm. Guidance was available and these helped guide staff’s practice and to give them a better understanding of how to keep people safe.

Staff were knowledgeable about the signs and symptoms a person might display if they were being harmed. They were aware of the service’s whistle blowing procedure and were able to describe who they would take their concerns to if they had any. Staff training was renewed annually and one staff member said, “I feel well trained in recognising signs of abuse and I would have no issues in reporting any concerns to a care team manager.”

Risks to people were appropriately assessed, managed and reviewed each month. Care plans assessed a variety of risks to people including falls and risks related to people maintaining their independence. We saw that where risks had been identified, care staff managed these without restricting people’s choice and independence. The manager had recently applied for additional funds to support people using the service to help secure additional staff resources on a one to one basis during the day and night. This enabled people to maintain their independence whilst keeping them as safe as possible. Additional staff hours were supplied by regular staff, thereby ensuring familiarity with people’s needs and consistency for those using the service.

The service had sufficient qualified staff to meet people’s needs and to a good standard. There were systems in place to help the manager monitor dependency levels and help assess the number of staff needed to provide people’s care and help keep people safe. The manager told us that the service had the option of increasing the staffing in response

to a particular circumstance, such as a change in someone’s needs and evidence of this had been previously gained. This had recently been done to meet people’s changing needs.

People felt there were enough staff to support and care for them. No one had to wait a long time to receive care and support when they asked for it. We spoke to six staff members and they all said they had, “Time to care.” A staff member said, “Don’t get me wrong, we are very busy on shift, but we all work so well together and help one another, that it is never too stressful or difficult.” and “We are encouraged to spend quality time with our residents and relatives. This can be frowned upon in some care homes, but not here. This is why I love working here so much.”

The service had employed a good variety of ancillary staff who were well deployed, this made it possible for care staff to deliver care and support to people in an appropriate and timely manner.

The service had a robust and safe recruitment process in place to ensure that staff were suitable to work with people who used the service. Permanent and agency staff had Disclosure and Barring checks in place to establish if they had any criminal record which would exclude them from working in this setting. We looked at two recruitment files and found that all appropriate checks had taken place before staff were employed. The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and keeping people safe.

People received their medicines safely and as prescribed. Medicines were stored and administered in line with current guidance and regulations. A relative said, “The doctor keeps on changing my mother’s medication, their levels etc., but the home is very good at keeping me informed, and I have confidence that they are efficient with these changes.”

We observed appropriately trained staff administer medicines to people and noted that they explained what they were giving people each time and stayed with them while they took their medicines. One person told us, “They’re very good, my pills get given to me every morning, and then at night. They never forget them.”

Following a recent audit by an external specialist mental health pharmacist of medicines for people living with

Is the service safe?

dementia or mental health conditions, recommendations had been followed by the manager. They had arranged for the general practitioner to review these and to make changes to people's prescriptions following this specialist advice to better support people's medication needs.

Appropriate monitoring and maintenance of the premises and equipment was on-going. All relevant safety and

monitoring checks were in place and certificates relating to gas, electricity and fire safety were in date. Hoists and lifting equipment within the service had also been regularly checked and serviced. Decorating and maintenance of the premises had been regularly completed and the home was safe and well maintained.

Is the service effective?

Our findings

People received effective care and support. They told us that they had confidence in the staff looking after them, saying they were 'well-trained' and provided the level of care they required. When observing staff, we noticed that people were very much treated as individuals, and staff understood their preferences, or dislikes and had taken these into consideration when supporting people.

People received effective care and staff had the knowledge and skills required to carry out their role as a care worker. Staff were knowledgeable about people's needs and provided care and support promptly. Staff told us that they felt they had received the training and support they needed to carry out their roles. They confirmed that their training was up to date and many had also completed a recognised qualification in care. Staff were very positive about the standard of care provided by the service. One staff member told us, "I love working here. It is a brilliant place to work and for our residents to live. We deliver such a high quality of care and I am very proud of this."

Staff received an effective induction into the service and this included how to care for people and meet their needs. Staff we spoke with said the induction was very good and provided them with the knowledge and understanding for their role as a care worker. One new staff member said, "This is the most welcoming place I have ever experienced. The induction was so thorough and we are given more than sufficient time to work under supervision until we feel confident enough to work on our own."

Staff told us they felt well supported to effectively carry out their role. We saw evidence of regular supervision and appraisals having taken place. Training was closely monitored by the manager to ensure it was both up to date and relevant. Where gaps existed courses had already been identified and where possible dates arranged.

The service had policies and guidance available to guide practice on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Most of the staff we spoke with were trained and felt confident in understanding when an application should be made. Those who did not feel well trained in this area had further training planned in the near future. Staff confirmed this was an area that they had discussed in recent supervisions, to ensure they were aware of their responsibilities.

People had detailed pen pictures and had given consent to their care. People using the service had been offered an assessment of their capacity to make decisions and were appropriate best interest assessments and DOLs applications had been completed.

Staff were confident in discussing the importance of consent to care. One staff member said, "I always try to get consent from our residents and offer choices. This may be what a resident wants to wear, eat or drink or do with their day." We spoke to one person using the service who said, "I choose and I am offered choice with everything. What I want to wear and what I do and do not want to do. If I was the Queen I do not think I would be offered a better service." A relative told us that she felt relieved that her relative was treated so well at Woodbury Court, explaining how concerned the family had been when they were living at home. She told us they had every confidence that staff had their relative's best interests at heart in every situation, and they felt they could trust them to make the right decisions about their relatives care. She confirmed that the family were often involved in talking through health-related issues with her relative.

People were supported to have a balanced diet and involved in decisions about what they wanted to eat or drink. All of the people we spoke with commented on the high quality of food provided. They told us they were pleased with the quality, amount and frequency of food provision. Comments included, "The food is beautiful and there is an excellent choice," "The food is very good here – no one should be able to complain" and "It is wonderful, I would not want to cook for all these people." Where people required assistance at meal times we saw staff sensitively and respectfully assisting people in an unhurried and calm manner.

Whilst observing in one lounge at lunchtime it was noted that no staff were available to serve lunch for 45 minutes. Lunch eventually appeared after a member of staff came in and asked if people were waiting for their desserts. This was brought to the manager's attention who investigated the issue and advised us that the staff on this unit had been providing personal care to an individual. They added that it would be normal practice for staff to speak to the care team manager who would have arranged more staff support and she was disappointed that this had not occurred. We were assured by staff and people that this was not a usual occurrence.

Is the service effective?

People's nutritional health was maintained and where risks to people's nutrition had been identified, the service had taken appropriate action and requested assistance from a nutritionist or health care professional. A health care professional reported, "I have not seen a patient for weight loss for over a year and urinary infections have reduced to the occasional person, suggesting nutrition and fluid intake is now excellent." Another reported, "When the manager first took over I met with them to discuss ways of trying to boost the nutritional intake of people. The manager was proactive in obtaining additional funding for an extra chef and reviewed the food choices on offer following feedback from residents. They also implemented high energy smoothies for those at risk of losing weight and encouraged the use of these over nutritional supplement drinks to improve the quality for people."

People had been supported and had access to a variety of healthcare resources. This included General Practitioners (GPs), district nurses, and chiropodist and hospital appointments. It was noted that referrals had also been made to other health care professionals when needed.

Healthcare professionals feedback was very positive about the home and the management and that they found the

home very good. They added that they were always contacted by the manager if they had any concerns and found the staff worked together well to provide the care people needed and they were caring. They had seen an improvement in pressure care and nutrition at the home and felt this had been managed well. Care records showed that these had been well maintained and updated and people who needed pressure relieving equipment had it in place.

Where advice and guidance had been provided by health care professionals there was evidence that this had been listened to and acted upon. One person had been recently assessed by the dementia crisis team and this had been incorporated into the person's care plan and action suggested implemented by staff. This included arranging the person's room in a particularly homely and personalised way. One person told us that their relative had been very depressed for some time, but that with regular medical assessments, and the care delivered from the home, "It seems like they have turned a corner in the past three months, and become more settled in themselves, for that I am so grateful."



Is the service caring?

Our findings

All of the people we spoke with were very complimentary about the staff and people were supported by kind and respectful staff. One person said, "They do more than they are supposed to do, they are very kind." One staff member told us, "Our residents are like our own family members and are our number one priority. We try to offer choice in everything we do. This can be really little decisions about what to wear or what to eat, but it is important to make sure we are person centred at all times."

Any care needs due to the person's diversity had been clearly recorded. When speaking with staff they were aware of people's dietary, cultural, religious or mobility needs. People spoken with said they had been part of the care planning process and their choices had been taken into consideration. They added that they received the care they needed. Care was person centered and care records focussed on people's wishes, aspirations and preferences and were not task orientated. Staff supported people in line with what was described in the care records.

People were provided with kind, caring and patient support from staff. It was clear that staff understood those in their care very well and could talk about individual people and their lives, families, backgrounds as well as their care needs. One person said, "I would say this is a five star service and that's down to the staff." One healthcare professional stated, "I am very happy with the care the residents receive from the staff. Residents and staff seem happy. There is always a good atmosphere and I find the home to be welcoming. Many relatives are present when I call round and there is lot of activities that residents can participate in."

Staff demonstrated their awareness of the likes, dislikes and care needs of the people. We saw in a person's care records, in the, "My day" section that their life history and experiences were extensively documented. We could see that staff had taken the time to listen to people and their relatives and form a detailed account of people's life experiences, preferences and desires. One staff member said, "I know my residents very well. One resident has told me that we are so close, it is like having family now for the first time in their life, how wonderful is that?" Another said,

"What I love about working here is we are encouraged to treat our residents as we would a loved member of our own family. The relationships we develop with our residents are fantastic."

Staff were calm and not rushed in their work so their time with people was meaningful. One person told us, "Lovely staff, so kind, friendly, hardworking, great fun, energetic and supportive." Staff were able to spend time individually with people, talking and listening to them. People told us how, "wonderful" the staff were. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. A member of staff told us, "We know them all so well here, and we understand what helps them, and what doesn't, they're all so different, and we have to remember that." Another said, "Anything other than showing absolute respect for our residents and high standards of care delivery simply would not be tolerated here, not by any of us."

The service had a strong person centered culture and staff worked hard to ensure that each person was treated as an individual and that they were happy. The manager had arranged for two people to bring their pet dogs in the home to help them adjust coming into the service and also helping to keep their independence. We heard from one of these people who said, "Having my dog here makes all the difference to my quality of life. In fact I would not have moved in if I had to leave her. It's down to such a flexible and caring culture that I have been able to bring her with me. She is perfectly behaved and the staff help me with looking after her too."

Because some people were unable to tell us their views about the service we used a SOFI observation to help us to understand their experience. Staff were observed interacting with everyone and ensured that those who were unable to express their wishes were included in the conversations and activities were possible. We noticed that people were always addressed by their name, and where people needed extra care, for example because of confusion or because of a hearing impairment, the staff took steps to cater for these needs. We observed care staff crouching down and speaking clearly and slowly to those who could not hear easily; often repeating things in a different format in order to explain themselves. This meant people were less isolated and made part of the



Is the service caring?

environment around them. The manager had developed people's strengths within the team and some staff had lead roles within the service for dementia and dignity, which provided staff with daily support and guidance.

People were involved in making decisions about their care and support. Comments included, "Yes I am involved in all discussions relating to my care and I make all my own decisions with a little support." Regular meetings had taken place and these provided people and their relatives with an opportunity to be able to discuss their likes and dislikes.

Minutes of meetings showed that people had the opportunity to feedback regarding the care they received, the quality of the food, activities and other general issues around the running of the service.

People's relatives told us that they were involved in their loved one's care. They told us that the service kept them informed about any changes to their needs. Where people did not have any family or friends to support them, the service provided information about local advocacy services which is a service that offers independent advice, support and guidance to individuals.

Is the service responsive?

Our findings

People we spoke with felt that the staff were responsive to their needs. It was very clear that staff, people and relatives understood one another very well. A person said, "I have not been unhappy living here for one minute of any day. Now that's saying something about the place." One relative told us, "I like the fact that staff here know who I am. I never have to explain who my relative is, they know us both so well, and they take an interest in me and my family. They have all become like a part of our family."

People received personalised care that was responsive to their needs. People's care plans contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. The assessment forms on the files were easy to read and quickly helped to identify each person's needs and would assist the service to identify whether they would be able to provide the care each individual required.

People were supported to follow their interests and take part in social activities. The service had organised a comprehensive list of activities for everyday in the lead up to Christmas and the New Year. On the day of our visit a coffee morning took place with mince pies and Christmas carols, and relatives and friends were seen calling in throughout the morning. Other activities that had taken place included a religious service, decorating the Christmas tree, a Christmas quiz and a visit from a local infant school to sing carols. One person said, "We love some really festive activities and have got so many planned, isn't that wonderful?"

Staff engaged with people at every opportunity and that people responded in a positive way. Staff were often engaged in conversation with small groups of people, talking about Christmas plans and listening to people whilst they spoke. One lady told us, "We often have a giggle sitting here, playing games or having a natter. We're quite good friends, all together."

The home had different themed areas to help support people living with dementia. These were bright and creative and added areas of stimulation around the home and places for people to stop and look and become involved. The service had a cafe area which was set out as a relaxing old fashioned tea room. Visitors were noted to come and go all day and some chose to use the café to sit and chat with relatives. One comment noted from the compliment book in the foyer stated, "I often bring [person's name] down here to enjoy the garden but tonight we brought them here for their tea/supper and it really did them good to be in such a lovely sunny, peaceful room."

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. These included meetings, a suggestion box and the manager had a surgery each week outside of normal working hours. People were given guidance on how to make a complaint and the service has systems to record details of any complaints received, the action taken and also the outcome. Upper management also monitored complaints so that lessons could be learned from these and action taken to help prevent them from reoccurring.

There was a positive culture in the service regarding complaints and people and staff were encouraged to raise issues of concern. People added they found the staff and management very approachable and felt their concerns were always listened to and acted upon. Comments included, "I have raised issues if I have needed to and I am always listened to" and "I am quite happy here and if I do raise anything they always listened to what I have to say." Staff added that they felt confident to raise concerns to their care team managers and the manager was very visible and approachable. One staff member said, "I would not hesitate to raise a concern."

Is the service well-led?

Our findings

People told us they were happy at the service and found the manager and staff approachable and felt they were listened to. One relative told us that the manager had made significant changes for the better, saying, "I've had my issues here in the past, but things have got much better recently. The manager listens to us all, and is very good at communicating. It means things get done." Another stated, "The manager here deserves 10 out of 10 for her management style. I can go to her about anything and it will be picked up." In 2013 the manager of Woodbury Court was awarded the Runwood Award for the 'Best home manager' and in 2014 she won 'Manager of the year,' which is an award presented by the provider for recognition of staff who have provided exceptional service within the company and improvements for the people living within their homes. They were also successful in 2014 in winning the regional award for 'Best home.'

The manager had focused on developing a strong and visible person centred culture in the service. People spoke very highly of the manager many spoke about her by name and with affection. Relatives told us of her involvement with them, and how ready she was to always listen to their concerns and take action where necessary. Comments included, "I think the staff and management are very very good and I cannot fault them," and "The home is well run, all staff are excellent from the manager to the cleaners. I rate this home five star."

People were actively involved in developing the service. The manager engaged with each person every day, walking through the whole service each time, speaking and listening to people and the staff. Staff said that the service was well organised and that the management team were approachable, supportive and very much involved in the daily running of the service. The manager confirmed that being 'on the floor' provided them with the opportunity to assess and monitor the service. Comments from staff included, "Staff morale is really excellent and we work well as a team," and "It is brilliant working here." Staff also told us that the atmosphere and culture had improved since the manager had been appointed. They added they found the manager to be a good role model and one of their aims was to provide care to the quality they would like their own relatives to receive.

Staff were encouraged to make suggestions to improve the quality of service provision. They did this either individually in supervision or in one of the regular team meetings. Examples given by staff where improvements had been made, included a review of fortified nutritional drinks, as well as the introduction of food accompanying all tea and coffee rounds. Staff told us that the manager was open and transparent and that they felt supported in their roles. One health care professional stated, "The manager knows the people very well. She is able to provide accurate information to help with assessments." Which improves the care and treatment people receive.

The manager had been proactive in introducing new systems as an example the manager had produced a chart within her office that identified which people had nutritional and pressure care needs and provided an easy visual aid for staff which would help to improve the care people received and communication within the service. The manager also provided regular written information as well as daily handovers, so staff were aware if people's individual needs had changed, how to respond to new risks and when to review people's changing needs. She was very knowledgeable of the people and the systems introduced helped to monitor the quality of the service and also the individual needs of people.

The manager looked for creative and innovative methods to improve the quality of care provided at the service. One healthcare professional said, they had found the manager 'embraced' new systems and they have noticed the care had improved since she had been in post. They added that, "Communication is excellent" and "The home is well led." Another healthcare professional stated they had regular monthly meetings between management and staff to look at each individual and identify any changes in people's care needs. They added that they had found that the staff's action had reduced incidents of pressure injuries. Comments included, "I feel that since the manager took over a couple of years ago there have been very significant improvements. I feel this is due to the manager's leadership and managerial abilities."

Another health care professional reported that since the manager had taken over the management of Woodbury Court, the number of inappropriate referrals to their service has declined significantly and they had taken ownership and responsibility for the nutritional management of their residents. They added that in the past when the manager

Is the service well-led?

reported a person had poor appetite she had arranged for staff, "To visit the local shops to get extra snacks or even visit the local takeaway to get foods the particular person would like," which helped to increase their nutritional intake.

Staff said that they had received supervision and they attended regular staff meetings. They felt they were kept up to date with information about the service and the people who lived there. A regular handover took place between each staff shift so that important information was passed down to each staff team. It was clear during our visit that the manager was aware of her responsibilities and they had upper management support available to them when needed.

The manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified, the service had produced an action plan and this had been regularly updated to show any progress they had made. Environmental and equipment checks had been carried out to help ensure people's and staff's safety. Monthly audits had also been carried out by the operational manager, to help ensure the manager was running the service in line with the company's own policies and procedures.

The service had arrangements in place for people, their representatives and staff to provide their views about the care and support they received. Annual quality assurance questionnaires had been sent to people and their relatives to gather their views and opinions about the quality of the service. The information received back had been analysed

and suggestions and improvements implemented. People told us that they felt that the quality of the service was 'very good' and that meetings had been regularly held to gain their views. The service also had an independent company who visited their services annually to assess the quality of their service and help identify where they can improve. Runwood have achieved the Health Investors Award are presently doing their ISO quality award, which looks at quality management systems and standards and are designed to help organisations ensure that they meet the needs of people they serve and also meet statutory and regulatory requirements.

The provider continues to work towards and achieve recognised quality accreditation schemes. They use research and reflective practice to improve the quality of the service they provide through out their services. Runwood have introduced 'Dignity for Everyone' which highlights the importance of monitoring, promoting and maintaining dignity in practise. Each service has three dignity champions who report at monthly meetings with examples of good practice and make suggestions where improvements could be made. Runwood also have a programme in place which looks at their approach to caring for people who may need care due to having dementia. As part of their 'full engagement programme' they provide managers with an accredited dementia care course, which focusses on individual need who are continually assessed and care changed to meet their new needs. The provider regularly introduced new ideas and research to assist them in providing good care in their care homes.