Runwood Homes Limited

Windle Court

Inspection report

The Withywindle
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15 December 2016

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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

The inspection took place on the 13 and 15 December 2016 and was unannounced.

Windle Court is registered to provide accommodation with personal care for up to 76 older people, some of whom may be living with dementia related needs. There were 75 people receiving a service on the day of our inspection. The service does not provide nursing care.

The service had a registered manager. 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's capacity to consent had been assessed however not all staff were able to demonstrate a good knowledge and understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) despite having received training. 'Best interest' decisions for the use of covert medication had not involved pharmacists in the decision making process.

People told us the service was a safe place to live. The registered provider's recruitment procedures ensured that only suitable staff were employed. People were supported by staff that had the skills and experience needed to provide effective care and there were enough staff to help keep people safe, meet their needs and protect them from harm and abuse. Medication was dispensed by staff who had received training to do so.

Staff knew people well and were kind and sensitive to their needs and ensured their privacy and dignity was respected. People told us they were happy with the care and support they received. Staff encouraged people to maintain their independence as much as they were able to.

People's nutritional needs were met and people were supported to maintain a healthy and balanced diet. People received support to access health care professionals when required.

People were provided with the opportunity to participate in activities which interested them. There were systems in place to effectively deal with concerns and complaints.

The registered manager was committed to continuous improvement and there were systems in place to regularly assess and monitor the quality of the service provided. People living and working in the service had the opportunity to say how they felt about the home and the service it provided.

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.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Systems to protect people from the risk of abuse were in place. Staff knew how to act on any concerns of abuse.

Risks to people were managed and assessments were in place to manage identified risks.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Not all staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). 'Best interest' meetings regarding covert medication had not involved pharmacists.

Staff received an induction when they came to work at the service and completed various training courses to support them to deliver care and fulfil their role.

People's healthcare needs were met and they were supported to access healthcare professionals when they needed to see them.

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

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness and compassion.

Staff knew people well and had a good understanding of

people's care and support needs..

People's privacy and dignity was respected.

People's independence was promoted and staff encouraged people to do as much as they were able to.

Is the service responsive?

Good

The service was responsive.

The service was in the process of reviewing people's care plans to ensure they were person centred and sufficiently detailed and accurate, to include all the care and support to be delivered by staff.

People were encouraged to pursue their personal interests and hobbies and join in activities provided in the home.

The service had appropriate arrangements in place to deal with complaints.

Is the service well-led?

Good

The service was well led.

The registered manager was highly regarded by staff, relatives and health and social care professionals.

There were systems in place to seek the views of people who used the service, and others.

The service had quality monitoring processes in place to ensure the service maintained its standards.

Windle 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 was planned to check 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 inspection took place on the 13 and 15 December 2016 and was unannounced. The inspection team on the 13 December 2016 consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of this inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service. This included the last inspection report and statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We 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.

During our inspection we spoke with 15 people, six relatives/visitors, three health and social care professional, 12 members of staff, the deputy manager and the registered manager. We reviewed a range of documents and records including five people's care files, 10 staff recruitment and support files, training records, arrangements for medication and quality assurance information.

Good

Is the service safe?

Our findings

People told us they felt safe and well cared for. One person told us, "I feel very safe here and my possessions are all safe too, nothing has ever gone missing." We observed people looking relaxed and happy in the company of others and staff.

There were systems in place to keep people safe and protected from harm. Staff had received safeguarding training and there were safeguarding and whistle blowing procedures in place. Staff we spoke with were clear on the actions they would take if they suspected abuse. One member of staff told us, "I would report straightaway to the deputy manager and if nothing was done I would go 'up the ladder'; I would shout until I was heard." Staff were aware they could contact external agencies such as social services or the Care Quality Commission (CQC) to report any concerns. Ask Sal' posters were displayed throughout the service. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

Risk assessments had been completed to help keep people safe, for example for their pressure area care, continence, manual handling, nutrition and mobility and were reviewed regularly. Where appropriate we saw that the balance between people's safety and their freedom was well managed; for example one person liked to go out regularly into the community and staff had risk assessed this activity without restricting the person's choice and independence. This showed us that the service was not risk adverse. However, although staff we spoke with were knowledgeable about people's identified risks and how to manage them, some of the risk assessments we looked at contained limited information on how to manage identified risks, for example the care plan and risk assessment for one person who required to be hoisted did not contain information which specified the type and size of handling equipment or the methodology when carrying out the activity. We discussed this with the registered manager who assured us the person's care records would be updated to ensure clear guidance was available to staff.

People were given their medicines as prescribed and when they needed them. Staff who administered medication had received medication training and had their competency checked regularly. The medication administration records (MARS) we looked at were completed appropriately. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow. Weekly audits were completed to ensure that people were receiving their medication safely and correctly. Audits had also been undertaken by the pharmacy provider which identified any areas staff needed to address. The service had procedures in place for receiving and returning medication safely when no longer required.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Appropriate checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). New staff were required to undergo a probationary period and there were staff disciplinary procedures in place to respond to any poor practice.

There were sufficient staffing levels to meet people's needs. People repeatedly told us that they thought there were enough staff on duty at all times. We observed that people's call bells were within arm's reach and call bells were responded to promptly by staff. One person told us, "That [call bell] makes me feel good knowing that help is always available if I need it." Another person said, "If I press my call bell, or step or fall on the [sensor] mat here, an alarm sounds and they'll be here in a flash." One person told us how their call bell gave them 'peace of mind' and enabled them to stay in their room alone which was their preference. Staffing levels were based on people's levels of dependency. The registered manager told us they and the deputy manager were responsible for the management of rotas to ensure the correct staffing levels and skills mix were deployed; the rotas we looked at reflected that there were sufficient staffing levels. Where agency staff were used the registered manager sought to use the same staff to ensure continuity of care. Throughout our inspection we observed staff supporting people in a timely way and that there were enough staff to meet people's individual needs.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was ongoing. There were up to date safety certificates in place for the premises such as for the electrical equipment and gas systems. The service employed a maintenance person to carry out general maintenance and day to day repairs which were carried out in a timely way.

Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager and the registered provider. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence for example making a referral to the falls team or to the district nursing team.

People had personalised emergency evacuation plans (PEEPs). A PEEP provides guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. A business continuity plan was also in place which provided information about how the service would continue to meet people's needs in the event of an emergency such as flooding or fire. This meant there were contingency plans in place to keep people safe in the event of an emergency. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We asked staff about their understanding of MCA and DoLS and, although some staff had a clear understanding, others did not despite having received training. We discussed this with the registered manager who told us they had already identified that staff required further support and guidance and showed us workbooks they had developed. They told us that they would be holding small workshops with staff commencing in January 2017 to go through the workbooks to ensure staff have a thorough understanding of MCA and DoLS.

Where required people's mental capacity had been assessed and any decisions were made in their best interests in the least restrictive way in line with the principles of the MCA. However on reviewing two people's care plans we noted 'best interest' decisions had been made for them to receive their medicines covertly; this meant their medication was crushed or disguised in food or drink. Some medicines on their medication administration records (MARs) stipulated that the medicine 'should not be chewed or crushed'. Receiving medication which is not safe to be crushed could impair the effectiveness of the medication and its function, placing the person at risk of not receiving their prescribed medication as required. Care records showed that for one person their GP had been consulted in 2014 and no further reviews had been undertaken with their GP or with a pharmacist to ensure it was safe to continue administering their medicines covertly. The second care record we looked at showed that the person's GP had agreed to their medication being administered covertly. A pharmacist who should have been consulted to ensure that the properties of the medication remained effective once mixed with food or drink and ingested had not been involved for either person to confirm the decisions to administer the medicines covertly was in the individuals' 'best interests'. We discussed this with the registered manager who immediately sought advice from the respective individuals' GPs and pharmacists.

We saw in three people's care records that it was recorded their relatives had Lasting Power of Attorney (LPA). A LPA is a legal document that lets you appoint one or more people to help make decisions or to make decisions on your behalf. There are two types of LPA: health and welfare and property and financial affairs; one or both of these can be chosen. We asked the registered manager for the documentation showing which LPA was specified. The registered manager could not find copies of the documentation and advised they would immediately contact families to bring it in. This meant that the registered manager and

staff were unaware of which decisions should involve people's relatives.

Although staff's knowledge of the MCA and DoLS was variable they were aware that people had to give their consent to care and had the right to make their own decisions. Staff told us that they supported people in making day to day decisions and always offered people choice such as what to wear, what they would like to eat and how they wanted to spend their day. Throughout our inspection we observed staff asking people if they were happy to receive support and respecting people's decisions. We heard staff using phrases such as 'what would you like to do', 'would you like me to' and 'would you like a drink' and giving people the time they needed to make a decision. This told us people's rights were being protected. However, we noted in some of the records we looked at that people's consent to care had not been formalised in writing in their care plans. We discussed this with the registered manager who informed us they would immediately address this. Where people had been deprived of their liberty records showed that appropriate applications had been made to the local authority for a DoLS authorisation.

People were cared for by staff who had the skills and knowledge to meet their needs. Staff had completed an induction when they started work at the service and were supported to obtain the knowledge and skills they needed to provide good care. The induction programme included an orientation of the building environment including health and safety procedures and training in key areas appropriate to the needs of the people they supported. Staff told us that they shadowed and worked alongside more experienced members of staff during their induction; this was so that they could get to know people and their individual care needs and learn how to support them safely and effectively. The registered manager told us that all new staff were required to complete the Care Certificate. The Care Certificate is a training course which enables staff who are new to care to gain the knowledge and skills that will support them within their role.

Staff received the training they needed to support people effectively. Training was a mixture of e-learning and face to face. One member of staff said, "I feel I have had all the training I need, Runwood's in house training is really good as the trainers go into depth if you don't understand anything." Training records confirmed staff had completed the registered provider's mandatory training. This demonstrated that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff received supervision and had an appraisal in place. Supervisions and appraisals are important as they are a two-way feedback tool for the managers and staff to discuss work related issues and training needs. Staff told us, and records showed that they received supervision and had an appraisal of their performance. Staff told us they felt well supported by management who were always available if they needed any support or guidance. Staff said they were encouraged and supported to continue their professional development to expand and develop their skills. This demonstrated that staff had a structured opportunity to discuss their practice and development.

People were supported to eat and drink enough and maintain a balanced diet. We observed the meal time experience for people in three dining rooms. People had the option to eat where they wanted for example in one of the main lounges, their own room or in a smaller communal lounge. Tables were set with tablecloths and napkins, condiments and a vase of flowers and a pictorial menu was displayed. Staff encouraged and supported people to eat their meal and, where people were being supported to eat, staff did so sensitively and people were given the opportunity to eat at their own pace. People told us they enjoyed the food; comments included, "The bacon was very moist and easy to eat with lots of sauce." And, "I've never eaten like I do now; the food is really good I cannot grumble." We observed the chef speaking with people following their meal to gain feedback on whether they had enjoyed it, they told us, "I look forward to this, it's nice to see if they've enjoyed it, and it's how I learn what works well." Where required, people's dietary needs had been assessed and their food and fluid intake monitored to ensure that their nutritional intake kept

them healthy. Snacks and bowls of fresh fruit and drinks were available throughout the service for people to help themselves to.

People were supported to access healthcare services as required such as occupational therapists, district nursing team, GPs, opticians and chiropodists. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. Feedback from people included, "They [staff] know what to do and who to speak to if my asthma gets bad; I'm in safe hands with them." And, "My legs get very swollen and the girls are very good at looking after them and they know when to call the nurse." Care records demonstrated the service worked effectively with other health and social care services to help ensure people's care needs were met. Health and social care professionals we spoke with told us that staff were caring and helped to ensure people's wellbeing. Comments included, "Staff are good with engaging with residents; they are on the ball and will report any concerns to me. Communication is good, each unit has a book and the CTMs [care team managers] will always speak with me and follow advice." And, "It's lovely when I come here, the staff are very knowledgeable, know the residents well and can always update me."

Good

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived at the service. Some of the staff had worked at the service for a number of years which enabled positive relationships to develop. One staff member told us, "They are like my family, some people have worked so hard in their life and now need some help; they are an extended part of my family."

Throughout our inspection we observed staff interacting with people in a kind, caring and respectful way. Staff consistently acknowledged people and engaged in appropriate conversation with them. Our observations showed that people enjoyed excellent relationships and people were at the heart of the service. Comments from people included, "Staff are smashing, nobody's ever rude to me. I'd sum it up in one word 'perfect'; best place I've been in." and, "The staff here are very good, so caring, they'll do anything for me." We saw one member of staff supporting a person who was disengaged and withdrawn to eat their meal. The member of staff started to sing to the person in a very quiet voice and the person's eyes lit up as they watched and listened. The member of staff told us that they enjoyed seeing the person smile. A visiting relative told us how staff always had time for them no matter how busy they were and kept them informed about their loved one.

People were supported to maintain their independence. All the staff we spoke with told us how it was important for people to do as much as they could for themselves if they were able to, for example washing or dressing themselves. One person told us how staff had supported them to regain their independence, they said, "[Name of staff] is a diamond. I was in a bad way when I moved here I couldn't do anything not even walk but [name of staff] and all the staff are marvellous and have encouraged me to do things. I can walk now, I do what I can myself and where I can't I only need to ask."

People had their privacy and dignity respected. The registered provider was committed to promoting people's dignity and staff were encouraged to be dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, who acts as good role model and educates all those working around them. Throughout our inspection we saw people and staff were relaxed in each other's company. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, for example kneeling to people's eye level and offering reassurance where required. Staff were able to describe to us how they promoted privacy and dignity for example keeping people covered up as much as possible when providing personal care and knocking on doors before entering people's rooms and helping people to maintain their personal appearance so as to ensure their self-esteem and self-worth.

People were supported to maintain relationships with friends and families. There were several areas within the service where people could receive their visitors including a 'tea room' lounge which offered a private space. The registered manager told us there were no restrictions on visiting times.

People's diverse needs were respected and recorded in their care plans. The registered manager said that staff would support people to access religious services should they require this. A weekly religious service

was held at the service.

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager informed us that no one was currently accessing advocacy.

Some of the care plans we looked at contained end of life care plans which documented people's preferences and choices for their end of life care. We noted some of the care plans contained limited information and the registered manager told us this was a sensitive area for some people and their relatives and that the service was committed to supporting people and their relatives before and after death; they told us they were in the process of sourcing end of life training for staff. Staff understood the importance of keeping people as comfortable as possible as they approached the end of their life. One member of staff said, "It can be a sad job when people are at the end of their lives but we try to make them as comfortable as possible."

We saw comments from relatives thanking staff for the care their relatives received. Comments included, "Dad has improved greatly since coming to Windle and is so much happier, a lot of this is just having people around but also the care and love he has been shown since his arrival." And, "She has blossomed in these past few months with all the pampering and being able to talk about the 'good old days'."

Good

Is the service responsive?

Our findings

Prior to moving into the service a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. Information from the pre-assessment process was used to inform and develop people's care plans.

People and, where appropriate, their relatives had been consulted and included in their care planning. Care plans covered a range of areas such as mobility, medication, communication, mental and physical health and socialisation needs. Although staff were knowledgeable about people's individual care and support needs some of the care plans we looked lacked detailed information on how these needs were to be met in a personalised way.

We noted in some care plans that there was limited information about the life the person had led and what was important to them. This meant that there was limited opportunity for staff to have meaningful discussions with people about their life and memories. We did however, not note any negative impact on people because of this lack of information as staff appeared to know people well. We also saw that many of the doors to people's rooms had been personalised with pictures and a short written summary of the person's early life or hobbies. These 'snapshots' of information provided staff with an insight of that person's life. For example one read 'I used to love dancing, my dad told me to be home by a certain time but I loved staying out'.

We discussed our concerns regarding the lack of detailed information which reflected people's current care and support needs with the registered manager. They had already identified this as an area of improvement and had an action plan already in place to complete a review of all care plans to ensure they were person centred and contained relevant up to date information by February 2017. During our inspection we observed staff responding to people's needs and providing care and support in a person centred way.

People were supported to follow their interests and take part in social activities. The registered manager told us the service had one activities coordinator and that they had recently recruited a second activities coordinator who was currently going through the recruitment process. Notices were displayed throughout the service informing people of forthcoming events and the scheduled activities taking place for the week. On the first day of our inspection we saw a resident teaching other people how to make Christmas cards; they told us how they met weekly and enjoyed their time together. People were able to choose if they wanted to participate in the activities, some preferred to remain in their rooms and staff respected that and supported them in their rooms to reduce the risk of social isolation. One person told us it was their choice to spend time in their room and that they did not feel lonely, they said, "I only go out for a few activities in the lounge, most are not for me. There's always someone popping in for a chat and they say hello as they walk by, I've no complaints." A relative told us how their loved one wanted to stay in their room when they first arrived at the service but had been encouraged by staff to spend time with other people; they said, "Now [name] enjoys games of bingo, they won a bracelet at bingo recently, they also likes the quizzes too."

We saw that a document had been disseminated by the registered manager to staff following a television

broadcast about the quality of care in care homes. The document explained how non-social stimulation is harmful for people living with dementia and provided guidance on how to stimulate people such as 'quick and easy lounge activities'. A dementia services manager employed by the registered provider was visiting the service during our inspection. They told us how they were supporting staff to create a more dementia friendly environment and supporting the activities coordinator with appropriate activities for people living with dementia. The dementia services manager had also recently held a dementia awareness meeting for residents and relatives. We also saw that the service had signed up to 'Dementia Adventure', a project funded by the local Clinical Commissioning Group (CCG) which provided a series of workshops to care home staff to 'think differently about dementia and consider non clinical considerations for falls prevention'.

Regular residents meetings had been held where people had the opportunity to be involved in the day to day running of the service. We looked at the minutes of the last residents meeting. These confirmed that various topics had been discussed at the meeting such as food, staffing and activities. Where issues had been raised records showed that the registered manager had documented the actions they would be taking to address these. One person told us how they were responsible for chairing the residents meetings and that they also helped to cover the reception area; they said, "I've always been busy its how I like to be." They went on to tell us how they appreciated it that their disabilities had not stopped them from being useful.

The service had a clear policy in place for dealing with complaints and this was clearly displayed at the service. Records showed that complaints had been dealt with appropriately in line with the registered provider's policy.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who had been in post since April 2016. They were supported by a deputy manager who had started work at the service in July 2016. Both managers were visible within the service and knew people well. Staff told us they felt well supported, valued and that the service was well led. Comments included, "Things have really improved since [names of registered and deputy managers] have been here. They are so supportive and have an 'open door' so we can go and see them at any time." And, "I wouldn't work here if I didn't feel it was well led. [Name of registered manager] is approachable. Our deputy manager is one of the most supportive deputy managers I have ever worked with; they know their stuff and support everyone."

The service promoted a positive person centred culture and consistently focussed on ensuring people's life experience at the service was of the utmost importance. Although improvements were required, for example to care plan documentation, staff had a good knowledge about the people they were caring for, were positive about their roles, clear on their responsibilities and enjoyed their work. They shared the registered provider's philosophy to provide good quality care. One member of staff told us, "[Name of registered manager] has a clear vision. They have shared this with us and how they are going to achieve it; they give 100% so I am willing to work with them to achieve their goals."

The service had a positive culture that was open and honest. Throughout our inspection management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced. The registered manager told us, "If we care for our residents in exactly the same way as our loved ones we can't go wrong; its educating staff to think the same way and that this isn't just a care home its 'someone's house'. We spend a lot of time together as a team and embrace new things and other innovative ideas but I am mindful not to have too many changes at once." We saw that the service had recently been awarded an achievement certificate by the registered provider in recognition of the progress the service had made since the registered manager had been in post. The registered manager told us that they recognised they still had 'a way to go' and was pleased that the hard work, care and dedication by staff had been recognised.

Feedback received from health and social care professionals was complimentary. They spoke highly about the service offered to people, their relationship with the registered manager and how well the management and staff team communicated with them. One health and social care professional told us, "I have always found the manager of Windle Court to be co-operative when working in partnership with myself. Her approach towards residents is always person centred and enabling. She is always professional and supportive."

People, their relatives and other visitors were encouraged to provide feedback about the quality of the service. For example, relative meetings were held regularly, relatives could visit anytime to speak with the registered manager, regular surveys were undertaken and a suggestion box was available to post any feedback or raise concerns. Relatives told us that communication between the service and themselves was

efficient, friendly and helpful. Comments included, "[Name] is prone to falls and they will always let me know even if they haven't hurt themselves." Another said, "It's improved here recently since [name of registered manager] came; they have changed a lot of things and check up on people more." And, "I voiced my views but nothing ever materialised as a result, now if I need to say anything I go to see [manager's name] or one of the senior carers and it always gets sorted."

There were systems in place to regularly monitor the quality and safety of the service being provided. Regular checks and audits such as health and safety, medication and the fire system were undertaken to ensure people's health and welfare. Call bells were also monitored to identify the length of time it was taking staff to answer calls for assistance. The regional care director also visited regularly to undertake quality assurance checks and records showed that any actions from these quality visits had been formally recorded and acted upon. A quality monitoring visit by the Local Authority was undertaken in June 2016 and showed that a score of 90.5% had been achieved by the service. This demonstrated that the service had a quality assurance programme in place which was effectively monitored.

The registered manager told us they was supported by the registered provider and attended regular meetings with other managers within the Runwood Homes Group to share experiences and good practice, seek ways to continually improve the service provided to people and keep up to date with changes in the care sector.

Personal records were stored in a locked office when not in use. Up to date information and guidance was available to the registered manager and staff on the service's computer system that was password protected to ensure that information was kept safe.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.