

Runwood Homes Limited

Woodbury Court

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

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.

The inspection took place on 23 and 30 January 2017.

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 building is a purpose built care home designed around the needs of the older person and in particular those people with dementia or cognitive impairment and physical impairments. There is one passenger lift and secured staircases to all levels, which means all parts of the home are accessible for people with impaired mobility.

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. The registered manager provided exceptional leadership and management for the staff team. The service and staff demonstrated their commitment to care for people with dignity, to further improve and to follow best practice for the care of people living with dementia. The service had a good reputation within the local community and also with health and social care professionals.

The service had continued to provide care that was outstanding and had made further improvement within the service that had a positive impact on people's lives. Staff, relatives, professionals and people living at the service all felt the care at the service was exceptional and people were enabled to have a good quality life. Staff cared for people in a kind and compassionate way, knew them well and people were happy and relaxed at all times.

People received very personalised care which was unique to them. Their care records was an extension of the actual delivery of person centred care in the service. People's daily lives included activities and hobbies that interested them and their involvement in things they liked was natural and they really enjoyed their days. The service was also decorated and set out in a way that meant that all the people living there had a space that they enjoyed. It was a lovely environment full of unique areas and ideas to keep people engaged.

The manager and the staff team strived for excellence and it was clear from our observations, what people told us and systems in place that they worked tirelessly to ensure people were cared for not only emotionally but physically. Many initiatives implemented had resulted in reduced physical ailments and improved health for people.

The registered manager has continually shown that they are highly committed to improving the service they provide. Their passion and determination to deliver exceptional care for people was clear in the way they spoke about what they did for people and how they tried to meet people's individual needs. It was evident from the responses we received from people and relatives, staff and volunteers, health and social care professionals that this was a very well-led service.

People were kept safe. This was because any risks to their health and welfare was well managed. The premises were well maintained and staff were trained in how to move people requiring assistance from one place to another safely. Pre-employment checks were robust and ensured that unsuitable workers could not be employed to work in the service. The management of medicines was in line with good and safe practice.

Staffing levels were adjusted regularly and took account of the number of people being looked after and their care and support needs. The staff were well trained which meant they were able to carry out their roles and responsibilities effectively. Staff were well supervised and supported by their colleagues and line managers.

People were provided with an effective service that met their individual needs. They were encouraged where possible to make their own choices and decisions about aspects of their daily life. Where people lacked the capacity to make decisions for themselves the staff knew what to do to ensure that any decisions made on behalf of the person was made in their best interests. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with the food and drink they liked to eat. They were provided with choice and given sensitive assistance if they needed help to eat their meals. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so. Feedback for health care professionals was extremely complimentary and all stated the service worked with them to improve people's lives. People received responsive care. People were looked after with a person centred approach care and where possible had been involved in drawing up their care plans.

People told us that they knew how to complain. The service had a clear complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response. We saw that complaints had been recorded and any lessons learned from them had been actioned.

People were able to share their views at regular resident meetings or during the regular surveys. Relatives were positive about the care provided and had been given opportunities to give feedback and make suggestions to improve the experience for people who used the service.

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 remained GOOD

Is the service effective?

Good ●

The Service remained GOOD

Is the service caring?

Outstanding ☆

The service remained OUTSTANDING.

Is the service responsive?

Outstanding ☆

The service was very responsive.

The way the service responded to people's individual needs in all areas of their lives was exceptional and clear through our inspection. Interactions were natural, kind and caring and it was clear staff knew exactly what each person needed to enjoy a full and meaningful day.

People were listened to and staff supported them if they had any concerns or were unhappy. They were involved in activities outside of the home and enabled to live as full a life as possible.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The registered manager was an inspirational leader and provided clear leadership and management for the staff team. People were looked after by staff who all shared the provider's commitment to running a well-led service. The staff shared the provider's vision and values to ensure people benefitted from the best possible care.

Without exception people, staff, relatives and professionals could not speak highly enough of the manager and service being delivered to people. The systems and processes in place was detailed and robust and allowed the staff and management to deliver all aspects of care to people in a way that stood out and

brought a level of excellence to the service that was clear in all interactions and responses from people and those that cared about them.

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 23 and 30 January 2017.

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.

The provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make within the next 12 months.

During our inspection we spoke with 20 people who used the service, six visiting relatives, the registered manager, deputy manager and eight members of the care staff. We had also requested feedback and comments from health care professionals who visit the service and eight 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 five newly recruited staff members and their induction and staff records.

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

Is the service safe?

Our findings

People repeatedly told us that they felt safe and well cared for living at Woodbury Court. They told us that their call bells were answered promptly, and one person added, "They come quickly, it's very comforting when you press it and they come, it makes me feel safe. This is a good place. I've never found them nasty, in fact just the opposite, they do the best they can for us all." People described the staff as 'trustworthy' and 'honest' and they felt quite confident that they and their valuables were safe. Comments included, "They're very caring towards me, they'd never hurt, or be unkind to me" and, "My children tell me they think I'm in safe hands here, and that gives them peace of mind, that's good, I don't want them to worry about me." This was reiterated by a visiting health care professional who stated, "I have visited the home several times without making prior appointments and have always found the environment safe and welcoming."

The manager was very proactive in ensuring people were safeguarded and worked well with the local authority to ensure people were protected from abuse and avoidable harm. Staff were knowledgeable about the signs and symptoms a person might display if they were being harmed and people were observed looking relaxed and comfortable in staff's presence.

Risks to people's health and welfare were well managed and these had been appropriately assessed, managed and reviewed each month. There were standard risk assessments undertaken for each person in respect of moving and handling, falls, the likelihood of pressure damage, nutrition and the use of bed rails. Where people needed to be supported with moving and transferring from one place to another, a profile was recorded, setting out the equipment to be used and the number of care staff required to carry out the task.

There were systems in place to help the registered manager monitor dependency levels and help assess the number of care staff needed to provide people's care and help keep people safe. Staffing levels were seen to be adjusted regularly and took account of the number of people being looked after and their care and support needs and whether they had a low, medium or high dependency. People told us that there were enough care staff on duty, both during the day, and at night.

Staff employed at the service had been through a thorough recruitment process before they started work. 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. The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped to keep people safe. Details of this could be found in the staff handbook.

The registered manager had recently introduced the idea of people living at the service being involved in the interviewing of new staff. We spoke with three people who had been asked to assist the manager and they told us that this had been a positive experience for them, and they would be happy to do this again. One told us, "I thought it was a very good idea, as we know what makes a good carer, don't we?" They added, "I asked how understanding they were, and how good they were at mixing with different people." Feedback from this experience was very positive and those involved stated that it had made them feel much more

confident about themselves, recognising that they can still be of help to others, and that their views are taken into account.

People received their medicines safely. We saw that people received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. We saw from a review of records that stock checks, including all controlled medicines, were conducted regularly and regular audits had been completed. This showed us that medicines had been kept safely. We observed a Care Team Manager (senior staff member) administering medicines to people and noted that they explained what they were giving people each time and stayed with them while they took their medicines.

All relevant safety and monitoring checks were in place and certificates relating to gas, electricity and fire safety were in date. The home was exceptionally clean, tidy and fresh smelling throughout. One person added, "They like cleaning here, it's always going on, it's kept spotlessly clean." Staff were seen to use protective equipment in the form of disposable gloves and aprons and there was a good supply of alcohol gel, paper towels and liquid soap around the home to help with the prevention of cross infection.

Is the service effective?

Our findings

People who lived at the service told us they received effective care and support from well trained staff. They told us that they had confidence in the care staff working at Woodbury Court and that they were well-trained and able to deliver their care in a professional and competent manner. One person told us, "I think they're well-trained, and I like it when I see more experienced staff helping the new ones." When observing care staff, we noticed that people were very much treated as individuals, and their preferences or dislikes were understood and taken into consideration.

New staff completed an induction training programme when they first started working at the service. Staff told us their induction had consisted of completing mandatory training and they had worked shadow shifts along with experienced staff. One new staff member said, "I love working here. I want to work towards being a care team manager. I have finished my care certificate and I am just starting my NVQ2 (which is a recognised qualification in care) and I want to do more training."

There was a continual training programme available for all staff and training was closely monitored by the registered manager to ensure it was both up to date and relevant. Where gaps existed courses had already been identified and where possible dates arranged. People received effective care and care staff had the knowledge and skills required to carry out their role as a carer. Staff were knowledgeable about people's needs and provided care and support promptly. One staff member told us, "The e-learning is good for me as I can do it at home and it is easier for me to keep up to date with my training." Staff told us they felt well supported to effectively carry out their role. We saw evidence of regular supervision and appraisals having taken place.

The service had also arranged for all staff within the company to complete the Gerontology Test (GERT). This is a specialised suit and equipment which helps people to understand what it would be like to live with a number of conditions such as dementia, Parkinson's and visual impairment. It helps the person to understand how coordination, vision and general mobility can be affected when living with these conditions. The service had arranged for a session for relatives to help give them a better understanding of how dementia can affect people. One family had feedback that the experience had been so beneficial to them as their relative has muscular degeneration and cataracts and by trying on the glasses and suit as well as the tremor gloves it had given them the experience of what someone living with this was going through. They added that the training had taught them not to rush their relative and to take more time.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). All staff had

completed Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training.

People had their mental capacity assessed. Staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The registered manager told us if they had any concerns regarding a person's ability to make a decision, appropriate capacity assessments were carried out.

One health care professional stated, "[Manager's name] has an excellent understanding of the mental capacity of residents and is supportive of residents maintain their independence along with having choice and control over their lives. She is extremely vigilant to the safeguarding of residents and is very responsive in support of any safeguarding issues which may occur."

The service provided staff with in-house training and best practice for meal times. This helped staff to be aware of how people needed to be involved in the preparation of their meals. It included simple things such as offering people gravy rather than just adding it and being aware of portion size as this can sometimes put people off eating their meals. One person told us how the portion size of their meal was very important to them, they added, "I dislike large portions of food so staff bring me small meals. They weigh me regularly, so they'd know if I hadn't eaten enough. It is nice to be listened to." The service had identified a number of staff to be 'meal time champions' who looked for ways to improve this experience for each person and ensure they got the support and help they needed. Staff went out of their way to make mealtimes a positive and sociable experience for people.

People were positive about the food and comments included, "The food is very nice, they are good with their meals." We sat and observed the meal time experience which was calm and relaxed. Where people were at increased risk of malnutrition or dehydration, staff increased the nutritional and calorie content of their meals by fortifying foods. The registered manager had also introduced a 'hydration trolley' which was taken around the units each day and had foods and drinks with a high concentrate of fluid. This included jellies, water melon, pineapple and grapes. Documentation showed people's nutritional needs were assessed and kept under review.

There was evidence that 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 professional's feedback was very positive about the home and the management and that they found the home very good. One health care professional stated, "I have found the staff at Woodbury Court receptive to advice when offered. Suggested interventions are implemented and staff would liaise with the GP with regard to any recommendations made at people's reviews." People stated they received the support they needed from health care professionals and received the support they wanted and needed. One person told us, "I had a bad fall a while back; I couldn't get up but pressed my alarm. Staff came very quickly, and helped me. They called 999. I was so grateful I did not go to hospital, despite the paramedics wanting me to go. I felt shaken but ok, and I didn't want to go. Staff kept a closer eye on me after that, and I promised I'd tell them if I felt bad."

Is the service caring?

Our findings

At this inspection we found the service had continued to provide care that was consistently in line with an 'outstanding rating' and had made further improvement that had a positive impact on people's lives.

Professionals praised the staff and the registered manager for the high standard and quality of care people received. All of the people we spoke with were very complimentary about the staff and throughout the day we were impressed by the levels of care demonstrated to those living at Woodbury Court. Staff, relatives, professionals and people living at the service all felt the care at the service was exceptional and people were enabled to have a good quality life. Feedback about the care included, "I'd describe the staff here as competent, reliable, efficient, professional and caring" and, "Staff are always friendly and chatty, I've never seen any form of unkindness here." Other feedback included, "People are really very, very kind to me here. Staff are really lovely, they understand me so well, what I can and can't do" and, "I'd describe staff as kind and friendly, they are very tolerant and understanding of my conditions."

Staff demonstrated their awareness of people's likes, dislikes and the care needs of the people who used the service. We saw in the 'My Day' section of people's care records, that their life history and experiences were extensively documented, which provided staff with essential information on past experiences of the people they cared for. Care 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 to help ensure people received person centred care.

Throughout the day we observed many examples of kind, caring and patient support being given to the residents of Woodbury Court, and also to their visitors. It was clear that staff understood those in their care very well and could talk about individual people and their lives, families and backgrounds as well as their care needs. We noticed this same prompt and caring attitude towards visiting relatives, when they needed any assistance. For example, one visitor initially struggled to get their relative's feet onto the footplate of their wheelchair in order to take them back to their bedroom. A member of staff immediately helped and offered to help push the wheelchair back for them. While they declined the help, it was noticed that the staff member walked alongside chatting to them. When they got to bedroom they left them, saying, 'If you need anything, just press the bell, and I'll come back.' One visiting professional stated, "I would put a relative in this home, it is lovely."

Some people were unable to tell us their views about the service so we used a SOFI observation to help us to understand their experience. We saw that people looked well cared for and were relaxed when staff supported them. 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. On many occasions staff were quick to notice if someone was distressed, or in need of support, and were equally prompt in their responses. For example, one person began to shout out, saying they were worried about their daughter. A member of staff immediately came over to the person and held their hand, and tried to allay their fears. The staff member discussed the fact that the daughter was 'probably out shopping', and they would 'see you later.' The staff member used various diversionary tactics and when this did not work they promised to ring

the person's daughter to check that they were fine and this seemed to settle the person's fears.

People were involved in making decisions about their care and support. Staff spoken with added, "This is their home and it is their choice what they want to do. They can eat in their rooms and we help them to choose what to wear. If I can make one person smile I know I am doing things right." People confirmed this, "In the mornings they open my wardrobe, and ask me what I want to wear, they're very patient, I like things that match. They help me, but they don't take over." One staff member advised how they had been awarded 'Dignity of the Month,' which is an award the organisation present to a staff member who have been identified as being exceptional in this subject. The staff member added, "I won Dignity of the Month, it was great as I knew I had been recognised for the care I provide and was a real confidence booster."

People using the service were encouraged to be involved in the running of the service and made to feel valued. Regular residents and relatives meetings had taken place and these provided people 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 and also the running of the service.

Care staff spoke about the people they were looking after respectfully. They clearly knew the people they were caring for and the importance of having good working relationships with people and their families. It was evident the staff went the extra mile in caring for people and strived to make sure people were happy and continued to have a meaningful life. One relative advised us that they had come back to the home due to the good care another relative had received. They added, "Dad wanted to come here, because they'd looked after my mum until her death, and he was impressed with all he knew about the place. They've not disappointed us with dad, and we always feel very welcomed when we visit."

The service provided a high standard of care to people with palliative and end of life care needs. They supported families through difficult conversations and offered support to bereaved families. The home had signed up to the nationally recognised Gold Standard Framework for end of life care (GSF). The GSF is a model of good practice which enabled a 'gold standard' of service to be provided for people who were nearing the end of their lives. It aims to ensure people live well until they die and that staff follow best practice guidance so people receive care tailored to their specific needs. The service had introduced personal care plans for everyone which included a 'traffic light system' to clearly identify people's needs. The service had also introduced forms to record people's wishes and to assist in end of life care. One was a 'comfort chart' which is used in hospitals and looks for signs of pain and changes in people's breathing. The end of life champion stated, "It's brilliant and good for families. The district nurses can easily refer to it and also they know it, everyone deserves a nice, peaceful death." Another document introduced records people's wishes and includes guidance on religious requirements, whether they would like to stay in the home, who their next of kin is and personal details about their wishes for the end of their lives.

Feedback from the end of life facilitator with the NHS was very positive about the service and staff's response to end of life care and their comments included, "They are so enthusiastic, it's fantastic." The end of life champion was passionate about their role and it was clear they wanted to make a difference to people's and family experience when reaching end of life. The manager added, "We find her energy is infectious and people speak highly of her. She really loves her job and is so good at it." Feedback the service had received from bereaved relatives included, 'Word cannot describe how grateful we feel that [manager's name] and your team for all the love and kindness you showed to our mum during the closing years of her life. It was difficult for us to watch her growing weaker, but it was always a pleasure to witness the skill and patience of you staff and the love and respect they showed her. Your dedication to the people in you care is a true inspiration and made it easier for her and for us to bear.'

Is the service responsive?

Our findings

People received truly personalised care that was responsive to their needs and the registered manager constantly looked for ways that would improve people's lives, health and wellbeing. Where possible people had been actively involved in assessing and planning for their individual care needs. The service had ensured that those who needed support and assistance with this had received it through relatives or other appropriate professional. Pre-admission assessments had been completed and where possible, people or their relatives had been invited to visit the home, have a look at the facilities on offer and to meet the staff team. The assessment gathered information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity. Care plans were detailed and person centered, they covered the person's cognitive and physical abilities, their physical health and well-being, their prescribed medicines and any dietary requirements. It also included the person's lifestyle choices and preferences.

People were supported to follow their interests and take part in social activities. Activities assessments had been completed and these included preferred activities for each person, including previous hobbies and types of entertainment they enjoyed. It also included any spiritual or cultural needs and a life biography. This enabled the activities coordinator to focus activities that people liked and arrange quality one to one time with people. People told us that they had a choice whether they wanted to take part in the activities and they had freedom to go where they wished in the service, and that care staff did not discourage them from staying in their room if they wished to do so.

During our inspection people were involved in an activity of thinking of countries or towns beginning with different letters of the alphabet. This game provided natural, friendly conversations between residents and care staff and often resulted in 'roars of laughter.' In another lounge two care staff were playing dominoes with a lady. The person told us, "They know I like playing dominoes, so whenever we can we have a game." We could see how much this person gained from having individual time with care staff. Examples were provided were people's individual aspirations and previous interests were taken into consideration to help improve their quality of life. This included someone who loved anything to do with Disney and the registered manager had arranged for them to go and watch the new Disney film at the local cinema. Pictures had been taken and it was a memorable experience for the person.

People's individual beliefs and habits were respected and arrangements were made to meet these in ways that mattered to people. Another relative told us that the service had arranged for Holy Communion for their mother, which they appreciated. Their comments included, "I'm glad mum can still practise her faith here, sometimes that gets lost." They added, "Often afterwards I'll stay on for Sunday lunch with mum, they're quite happy for me to do that, and it's always nice to eat together, a bit like old times."

The registered manager was keen to link with other services and the community to provide enriched opportunities and life experiences for people living in the service. The registered manager was working with another manager and staff to organise a concert for all the people living within Runwood Homes services and also for the wider community. The aim of the concert was to promote people getting out and about,

mixing with the younger generation and creating an understanding of dementia care to show that, with the right approach, no disability can stop people enjoying life and having fun. They were in the early stages of planning but it is hoped that this will take place in August 2017.

The service had different themed areas which were bright and creative and added areas of stimulation around the home 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. The registered manager had added a toy box in the tea room for children who visited. They added that they found this provided people with more quality time as the children looked forward to their visits as they were 'kept busy' and relatives then had time to 'chat.'

The registered manager also looked at innovative ways to improve the service and this included researching and implementing new ideas to improve the care and people's health. The service worked closely with the Prospective Study of Pravastatin of Elderly at Risk (PROSPER) team at Essex County Council and had recently completed an audit within the home for those people at risk of falls. This included identifying patterns and trends and introducing ways to reduce these. Staff had provided people with advice and guidance on better fitting footwear and also decorated people's walking frames and walking sticks so they were unique and could easily be identified. Documentation showed that there had been a clear reduction in the falls people had experienced. Feedback from health care professionals included, "The staff work in partnership with family members where appropriate and are always informing them of any new development involving their loved ones in their care."

They had also looked at the importance of hydration of people and how this can influence falls and urine infections (UTI). Staff had produced a chart to assist with easily identifying who may be at risk of dehydration or may be prone to a UTI. One staff member added, "Having a written chart is more visual and you can identify who needs extra care instantly. If the day is green then everyone is ok, but if it is pink you can easily identify the people who need more fluids and extra care." The service had a 'hydration trolley' which was taken around each day and had foods and drinks with a high concentrate of fluid such as jellies, water melon, pineapple and grapes. From the chart seen it was easy to see how the number of people with UTIs had reduced over the two months this system had been implemented. Staff spoken with stated they had found this a success and it had also helped them to be more aware of people's hydration needs. This showed the registered manager's implementation of guidance on sector current best practice had increased staff learning and skills which had impacted positively on people's well-being.

The registered manager has implemented an additional daily pressure area checks to monitor tissue viability within the service. This included looking at people's mattresses, whether the person was comfortable, and any areas where pressure damage is more prevalent, the moisture of skin, the person's continence, and also hydration. They had found since this had been implemented that pressure care within the service had improved. One person who had moved into the service with a grade 3 pressure sore in January 17 had just received confirmation that it had improved so much that it was nearly healed.

The registered manager did all they could to help people feel that Woodbury Court is their home and settle as quickly as possible. They have in the past welcomed pets to move in with their owners, so they did not have to be separated. One health care professional told us about one person they were supporting who was living on their own in the community and was failing to improve, the person's health was deteriorating and their dog was not being cared for. They were admitted to hospital due to self-neglect and had to move to a service where dogs were not allowed. They added, "The dog was her life. Eventually we were able to gain a room at Woodbury Court and the dog could be admitted as well. She is over the moon now and very happy. This has helped her to settle and recover in her mental wellbeing. This is a good example of how we need to

meet individual needs."

The service offers a rehabilitation service for people who need 24 hour care and have been recently discharged from hospital. Feedback on this service was excellent and showed that people had received high quality care. Comments the service had received included, 'I have been in many medical establishments and have received on most occasions a very good quality of care, but the quality of care I have experienced while staying at Woodbury Court was without doubt second to none. I was supposed to be here for up to six weeks, but because of the team's expertise in giving you the feel good factor I am now returning home after just two weeks.' Another relative told us, "My mum's been here less than a month, and she's the best I've seen her for five years. She feels more herself, she looked depressed at home, she's so much better now. At home she only walked from her bed to the chair, here they've got her walking from her room to the dayroom, to the toilet, so much has changed." They told us that their mother had only been admitted to the home on a short-term reablement basis, but that already her, and other members of the family were hoping that their mother would choose to stay on at Woodbury Court.

Guidance on how to make a complaint was given to people when they first started to use the service. The service had a set form 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. People said they were confident their concerns were listened to and staff were happy to listen, and take appropriate action. One person told us, "[Manager's name] came in to see us today because the drawers in our chest of drawers are dropping, and sticking. She's had a look, and told us she's going to order a new one. She gets things done." Feedback from the service's quality assurance included "You have always been professional in dealing with my concerns when raised."

The service had received over 100 compliments from relatives, people who used the service and health care professionals since our last inspection. These contained examples of good practice and were the service had been responsive. One example where a person had been admitted but their care needs were found to be greater than expected, but the service provided the care needed and family fed back, "You would not have guessed from the treatment [person's name] received; kindness, compassion, empathy, nothing was too much trouble. We cannot thank you enough, thank you for the five star plus care." Another example where a district nurse visited someone who had a pressure area. They reported that the staff had double checked the records and these had been well completed and made it easier for the District Nurse to treat the person. They added "Excellent team work."

One relative had sent in a letter to praise the home after their mother had been admitted after having a heart attack and major stroke. They stated that in a short period after admission their mother's mobility had started to come back, they had gained weight and through interacting with the staff they had noted that their parents' mental health was also slowly improving. They added, 'All the progress that my mum has made in this short period of time is due the management and staff's level of care, support, interaction, professionalism, knowledge and understanding of the needs for the people in their care. I will add that this is also so with the understanding and tolerance, when needed, to the residents families, for whom it is also an extremely stressful event to hand the care of a relative over to complete strangers.'

Is the service well-led?

Our findings

The service was very well led by a management team who were committed to ensuring people received personalised and good quality care. We were impressed with the registered manager's knowledge of the service, together with their friendly and approachable manner towards both people who lived there and the staff. Their passion and determination to deliver exceptional care for people was clear in the way they spoke about what they did for people and how they tried to meet people's individual needs.

The registered manager has continually shown that they are highly committed to improving the service they provide and has introduced a number of initiatives to help make improvements. These include introducing champions within the care team for a variety of relevant subjects to ensure staff were kept up to date and could gain support and advice when needed. There was a focus and importance placed on ensuring staff had the skills to do their jobs well with opportunities for continued learning and development linked to the needs of people. Extra training had been made available when new areas of expertise had been recognised as being needed such as GERT training for dementia care. Other areas the registered manager had improved included introducing hydration trollies, improving end of life care within the service, reducing falls, reducing urinary tract infections and generally improving communication within the service. All having a positive effect and impact on the people's daily lives and health. One relative stated, "If only everyone could have, as we have had, such a wonderful experience of how a care home should be, the world would be a better place."

It was evident from the responses we received from people and relatives, staff and volunteers, health and social care professionals that this was a very well-led service. People told us they were happy at the service and found the registered manager and staff approachable and felt they were listened to. One health care professional stated, "In my view the service is extremely well run by [Manager's name], who from what I have observed always has time for residents, staff and visitors. She appears to operate an open door policy and always welcomes feedback on the service. She puts the residents at the heart of the service and appears to ensure that staff work to a person centred approach in meeting the needs of residents." Another added, "I really do have to commend [manager's name] and her team on the running of Woodbury Court, it is really a credit to the care industry and my families are always complimenting and queuing to get a room at this happy home."

The staff told us that the registered manager led by example and was supportive, easy to talk to and they could always approach them. They added that she had strong values and a desire to learn and implement best practice throughout the service. All staff were very highly motivated and proud of their service. They added that they were fully supported by the registered manager and they had an extensive programme of training and supervision that enabled them to provide a high quality service to people. Staff told us that the registered manager was open and transparent and that they felt supported in their roles and were encouraged to make suggestions to improve the quality of service provision. The registered manager and the deputy led from the front and were both visible throughout the day and did daily 'walkabouts' round the home. The registered manager said this promoted effective working and made it clear what the priorities were for that day. The staff added that they found the registered 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.

The registered manager had a positive professional reputation and was highly regarded by their peers. The registered manager attended a regular multi-disciplinary meeting with the rehabilitation unit to review people's care and ensure they received the support they needed. Feedback included, "[Manager's name] is extremely supportive of partnership working and the link up with [name of company] in the provision of residential reablement within the home." Over Christmas the registered manager had arranged to admit people that were ready for discharge from hospital, but where community care could not be arranged. This enabled the people to be in a 'safe and homely environment' over Christmas and also free beds up in the hospital over a very busy period. The hospital were so impressed with the service from Woodbury Court they have contacted the manager to see if further joint work can be organised.

The registered manager had developed people's strengths within the team and encouraged staff to be leads in roles within the service for areas such as dementia, end of life, activities, dignity and infection control. The registered manager had also been proactive in introducing new systems to help improve the care and communication within the service. As an example the registered manager had produced a chart within their office that identified which people had nutritional and pressure care needs and provided an easy visual aid for staff. They also provided regular written information so staff were aware if people needed to be weighed, care plans reviewed or where new risks may have been highlighted. She was very knowledgeable of the people who lived within her service and the system introduced helped to monitor the quality of the service and also the individual needs of people.

The registered manager had good relationships and communication with healthcare professionals and we received very positive feedback. One healthcare professional reported, "My first finding is the home manager and the professionalism and leadership skills she displays to her care support team. It also amazes me that the manager actually spends time with her residents and knows each and everyone of them. When I am shown around I can see everyone adores her and lovingly welcome her into their rooms and she knows about their personal lives. The admiration and support she has from her team is in evidence too. The care staff really do display the attributes and respect needed to care for and support the residents and families within the home and making it a lovely place to live." Another professional added, "The manager is always aware of how the home is 'ticking' and I believe her staff respect her for this. Woodbury can at times be 'buzzing and I have witnessed this many times. The phrase 'a well-oiled machine' comes to mind."

Records seen showed that the registered 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. Many of the areas the registered manager had improved was due to the constant quality monitoring of the service and working on areas that had been highlighted as needing improvements, such as hydration, pressure care and general well being of people.

The service had arrangements in place for people who used the service, 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. One relative told us that they had been very impressed to be given a questionnaire to fill in after just four weeks of their mother coming to live in the home. They added, "I've just given it in today, and it's given me the chance to comment on a few teething troubles." This request for early feedback had encouraged them that the home wanted to deal with any issues before they had become a major problem. Staff had also been provided with the opportunity to complete a staff survey in July 2016 to gain their views on what it was like working at the service and to look for ways of improvement. Comments received were very positive and 80

out of 85 staff stated that they were 'proud' to work at the service.

The service had been recognised for a number of awards which are presented by the company. These include the rose Award 2016 for outstanding recognition of service excellence. They also received this award in 2015. The registered manager had been recognised as Manager of the Year in 2013 and Best Home in 2014. And it was clear from the care being delivered, systems in place, staff attitudes and behaviours and the manager's active and open leadership of the service why they have received these recognitions.