

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Woodbury Court

Tavistock Road, Laindon, SS15 5QQ

Tel: 01268564230

Date of Inspection: 14 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Consent to care and treatment ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Staffing ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Runwood Homes Limited
Registered Manager	Miss Mary Ann Oliver
Overview of the service	Woodbury Court provides services for up to 94 people who need assistance due to old age or dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 January 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People we spoke with were happy with the care they received at Woodbury Court. They stated they had been involved in organising their care and received the care they needed. One person added "It's lovely."

Staff were observed speaking with people with dignity and respect and involving them in their care. People appeared relaxed and staff were viewed helping them to make choices on how they wanted their care provided. During our visit at no time were people seen waiting for staff to support them.

People we spoke with were complimentary about the care they received at Woodbury Court. Others who were unable to verbally communicate were observed with staff and they appeared relaxed in their company. The home had received lots of thank you cards and comments included "I would like to praise 'X' for their dedication to the residents of the home" and "I would like to thank all the carers and staff who looked after 'X' during their stay at Woodbury Court and for the courtesy they showed me and any visitor whenever we came – which was often." One relative spoken with stated that they felt the staff were good and always advised them of any changes.

People told us they knew how to raise any concerns. Relatives spoken with stated that they found the manager to be approachable and felt they could take any concerns they may have to her. Staff spoken with also added that they felt that they could raise any concerns they may have with the manager.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We looked at the arrangements in place for ensuring people using the service were treated with respect and involved in planning their care.

The home has a document called Welcome to Woodbury Court and this included essential information on the service provided within the home and what people who lived there could expect. It also contained details on the admission process and that people could arrange trial visits to ensure the home could meet their needs. Information about the home is provided as part of the assessment.

The manager stated there was enough staff on duty to cover the present dependency levels of the people who lived there. This consisted of 13 staff on duty in the morning and 12 in the afternoon. There would also be two supervisors on each shift and the manager and deputy manager were extra to staffing numbers. During the inspection there were always staff present in the lounges and people did not appear to wait for care.

The home had a number of documents in place, which reflected their policy on privacy, dignity and independence and this was also clearly displayed in the foyer. The staff induction programme and common induction standards are completed by all staff when they are first employed by the home and privacy and dignity is part of this training. During our visit we observed staff respecting people's dignity whilst providing personal care and general support. Toilet and bathroom doors were closed and care was provided in a way that ensured each person's dignity was maintained. Feedback from people confirmed that the care workers were polite and respected the relative's privacy and dignity with one adding "I am very happy."

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people receive any care they are asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at the arrangements in place to ensure people who received care and treatment were asked for their consent and if they were unable to give this what systems were in use.

There were some arrangements in place to support people where they lacked capacity to make decision about the care and treatment they received, but the manager was in the process of developing this further.

Some of the people living at Woodbury Court had complex needs and did not have the capacity to consent to their care and treatment. The manager advised that Woodbury Court had a nurse who specialised in dementia care and that they gained advice and support from them if they had concerns about anyone's capacity to make decisions. She added that where they have had concerns in the past about people's ability to consent they have made a referral to the appropriate professional and requested an assessment was completed. The manager had completed training on the Mental Capacity Act 2005 and deprivation of liberty and training was being organising for staff to ensure they had a better understanding of this subject.

The manager advised she was in the process of ensuring mental capacity assessments were up to date to ensure the home was compliant with the Mental Capacity Act 2005. The purpose of the Mental Capacity Act 2005 (MCA) is to empower people to make decisions wherever possible and to protect those who lack capacity by providing a flexible framework that places individuals at the heart of the decision making process.

Files viewed had space for people or their relatives to sign to state that they agreed with the assessment and the care to be provided. Of the three files seen all had been signed. The home had access to an advocacy service and information on this could be found within the foyer. The home also had information on the deprivation of liberty to help people identify when this may be required.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at arrangements for ensuring that people received safe and appropriate care and support to meet their needs.

Each person had an individual personalised care plan, which identified their care needs and choices. Three care plans were viewed and these were of a good standard and showed that the physical, mental, social and emotional needs of the people living at Woodbury Court had been assessed. People spoken with said they had been part of the care planning process and their choices had been taken into consideration. It was noted that some forms had places for people who used the service or their relatives to sign to confirm that they agreed with the plan of care in place. Files also had evidence that relatives had been involved in the planning of care. One relative spoken with said the staff were aware of the care their relative required and they could not fault it. They added that their relative had settled in very well and they felt it was the care provided by staff that had assisted with this.

Any care needs due to the person's diversity had been well recorded. When speaking with staff they were aware of people's dietary, cultural or mobility needs and it had been well recorded on individual's files. During a tour of the home some people had chosen to sit in their rooms as they preferred a quieter atmosphere.

The care plans seen had been well completed and provided staff with the information they needed to provide suitable care and had been regularly reviewed. Staff spoken with confirmed they received enough information about the care each individual required and this was updated when needed. The home also had a key worker system in place, which can help with continuity of care.

Files showed that people were supported and had access to a variety of healthcare resources for example General Practitioners (GPs), district nurses, and hospital appointments. Referrals had also been made to other health care professionals when needed. The manager had also introduced charts to help identify when assistance may be needed for nutrition and pressure care.

Risk assessment had been routinely completed on all files viewed.

The home had some regular activities organised and on the day of our visit many people were having a manicure. Other activities included sing a longs, coffee mornings, games hour, film afternoon, paper time and a happy hour. The home also had a shop that people could go to on certain days and buy sweets, crisps and toiletries.

There was generally a relaxed atmosphere within the home and staff and people were seen chatting and laughing. There was general conversation in the lounges and staff were seen and heard encouraging people to interact with them.

Whilst observing staff it was sometimes felt that staff appeared to complete tasks rather than provide individual person centred care. Although a hairdresser calls to the home twice a week on a Wednesday and Thursday, on the day of the visit many of the ladies hair was in the need of a wash and a comb. It was also noted that many of the people living at Woodbury Court had bare legs and it was snowing outside and very cold. Staff were unable to say whether this was the person's choice or whether it was part of their care plan. These examples were brought to the manager's attention, so staff could be made aware of their actions and the issues rectified as soon as possible. There were also other examples of very good practice where care was very individual and person centred.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We looked at how the home was meeting people's dietary and nutritional needs and ensured there was a choice of suitable and nutritious food and drink.

On the day of the visit there were two choices of main meal. Whiteboards could be found in the dining areas and these listed what was available for the meals that day. A menu had also been placed on each table so people could see what meals would be available. This was something new that the manager had recently introduced and she had received positive feedback that people liked these.

Jugs of juice had been made available in the lounges and tea and coffee was served during the day. The manager advised they were also looking to introduce snacks for those who would like them.

When dinner was served it looked hot and appetising and those people spoken with stated that the "Food was good," "Plenty to eat," "The food is always hot" and "My dinner was nice." One relative added "There is always a good selection at meal times."

The dining areas were pleasant and had tablecloths, drinking glasses and flowers in vases. There was music playing in some dining areas and it was noted that in the Rose dining room it was quiet loud and staff were unable to hear one person requesting help. It was noted that the tables had salt and pepper, but there were no sauces available. A catering survey had recently been completed and it was noted that condiments were an issue that was highlighted in the home's own food survey. Other areas the survey looked at included choice, favourite foods, drinks and people's general satisfaction and no other concerns had been raised.

During our visit it was noted that some people had chosen to eat their meals in their bedrooms and when spoken with they added it was their choice to eat their meal there.

Staff were observed assisting those who needed help with eating and they did this with dignity and respect and ensured the person ate their meal at their own pace. Staff were seen and heard encouraging people to eat and asking if they would like seconds.

When looking at food hygiene on the training matrix, it was noted the most staff had received this, but some required updates.

The service had recently gained a five-star food hygiene certificate; the highest possible rating.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the arrangements in place for ensuring that people who were using the service were free from risks of abuse or harm.

There were systems and procedures in place to help identify concerns and respond appropriately to the signs and allegations of abuse. Staff were provided with guidance on abuse and written information could also be found within the home. Other guidance available to staff included the grievance procedure, bullying and harassment, and whistle blowing procedures. Staff had signed to confirm they had received copies of these documents.

The manager was aware of the correct procedure for referring any concerns to the local authority. The manager confirmed that staff received safeguarding training as part of their induction and then annual updates would be provided. Looking at the staff training record this showed that eleven staff needed an update, but courses were available throughout the year and these staff would be placed on the next one available. Staff spoken with confirmed they had received training and they had an understanding of safeguarding and whistle blowing and what signs to be aware of. They added that they found the manager approachable and could take any concerns/issues to discuss with her.

One relative spoken with stated they felt their relative was safe at the home and added "I can now sleep at night not worrying."

The home had no outstanding safeguarding referrals. Where concerns have been identified in the past in establishments owned by this provider we have always found them open, honest and they investigate issues brought to their attention thoroughly.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and there were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

We looked at the systems and procedures in place to help protect people from infections and prevent cross contamination within the home.

Runwood Homes had systems in place to help monitor and manage the preventions of infections within their homes. The manager is the person responsible for infection control within the home and she had recently completed an infection control audit. On looking at the findings it was clear that no areas of concern were found.

It was noted that the information on the infection control folder was out of date and did not include the Code of Practice on the prevention and control of infections and related guidance. On discussion with the manager she advised that the home did have a copy, but it had not been filed away correctly. We have since received confirmation that this information is now in the correct place.

Staff received training on infection control during their induction programme and it is part of the 12 week common induction standards. The training record seen showed that a number of staff required an update, but it was established that 33 staff had completed training during December 2012; but the records had not yet been updated. Confirmation was received that the remaining staff will complete their training in January 2013.

Liquid soap, alcohol gel, disposable gloves and guidance on the correct way to wash hands could be found in the bathrooms and toilets. The bathrooms also had clinical waste bins. The home had systems in place to ensure that soiled washing was kept separate from other laundry. Staff spoken with confirmed that protective equipment was always available and that they knew how to help prevent cross contamination.

During our visit the home was clean and free from odour in most areas except one lounge. This was brought to the manager's attention and they advised that this room had been recently deep cleaned, but was on the list for new chairs and carpet.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the arrangement in place to ensure staff are recruited appropriately and that relevant safety checks are completed.

Runwood Homes had a recruitment procedure in place to help ensure the correct checks have been completed on all new staff. The manager is responsible for the recruitment and interviews of all new staff. Audit forms were in place to show what information had been received back to assist and ensure compliance in recruitment.

Staff files were well set out and information was easy to find. We viewed three files of recently recruited staff and all had the required information in place and included health declarations, identification, references and criminal record checks. It was confirmed that face to face interviews take place for all applicants and copies of completed interview questionnaires could be found on the files viewed.

The manager advised that all new staff would complete the company's induction programme and this would include all their mandatory training. Files viewed contained evidence that staff had received an induction and appropriate training when they first started. They had also signed to confirm that they had received a copy of the staff handbook.

The home has a disciplinary procedure in place.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There was enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the arrangements for ensuring that there were enough qualified, skilled and experienced staff available to meet people's needs.

The manager confirmed that the home had sufficient staff to provide the care people required. This was checked regularly to ensure people's needs had not changed and if more staff were needed. The present ratio of staff is 13 staff and two senior care for the morning shift and 12 staff and two senior staff for the afternoon shift. The home also employs domestic staff, laundry staff, activity co-ordinators and a maintenance person.

We looked at the arrangements for ensuring that there were enough qualified, skilled and experienced staff available to meet people's needs.

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People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints procedure and their complaints were fully investigated and resolved where possible to their satisfaction.

Woodbury Court had systems in place for people to use if they had a concern or were not happy with the service being provided to them. A copy of the complaints procedure could be found in the reception area and this had details on who to approach and how to make a complaint. Information would be given to each person when they first moved into Woodbury Court and included details on how to raise concerns and the process.

We have not received any complaints about the home over the past 12 months. The home had a complaints folder and complaints they had received were viewed. These had been well recorded and had copies of correspondence and letters attached.

There was also a suggestion box in the hallway, so people could add any issues or concerns they may have. The manager also had an evening where she stayed late so relatives and friends could make arrangements to speak to her.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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