

# Runwood Homes Limited

# Silvanna Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on the 11 and 13 January 2016 and was unannounced.

Silvanna Court provides accommodation and support for up to 83 people who may need assistance with personal care and may have care needs associated with living with dementia. There were 81 people living at the service at the time of our inspection. The home does not provide nursing care.

There was 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 service provided good care and support to people enabling them to live fulfilled and meaningful lives. People were treated with kindness, dignity and respect by staff who knew them well. The registered manager ensured that staff had an understanding of people's support needs and had the skills and knowledge to meet them.

People were cared for by staff that had been recruited and employed after appropriate checks had been made. There were sufficient numbers of staff available to meet the needs of people.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

We found there were policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of what these meant and the implications for people living at the service. Where people had been deprived of their liberty, applications had been submitted to the local authority for a DoLs authorisation.

Medicines were stored and administered in a safe way.

People were provided with sufficient food and drink to meet their needs. They were provided with a choice of meals.

People's bedrooms were personalised to reflect their individual tastes and personalities.

There was a programme of social activities available to people that promoted their health and wellbeing.

Systems were in place to gather people's views. These included surveys, manager 'drop in' surgeries, staff meetings and talking with relatives. People knew how to raise concerns or complaints and the service had a clear complaints procedure which was clearly displayed.

There were quality assurance systems in place which assessed and monitored the quality of the service. These included audits on medication management, incidents and accidents and health and safety.

## 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 staffing levels to safely meet the needs of people.

People were protected from the risk of harm. Staff had received safeguarding training and knew how to keep people safe.

The environment was secure, well maintained and cleaned to a good standard.

Medication was managed safely.

### Is the service effective?

Good ●

The service was effective.

The registered manager had ensured applications in relation to Deprivation of Liberty Safeguards had been submitted.

Staff received training to support them to deliver care and fulfil their role.

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

People were supported to maintain good health and had access to appropriate services.

### 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.

Care plans and risk assessments were detailed and individualised to meet people's needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans were person centred and contained all relevant information needed to meet people's needs.

There was a complaints system in place.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was an open and positive culture. The registered manager operated an 'open door' policy, welcoming people and staff suggestions for improvement.

Feedback from people, relatives, staff and healthcare professionals was positive.

Staff were fully supportive of the vision and values of the service.

There was an effective system of quality assurance in place.

# Silvanna 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.

The inspection took place on the 11 and 13 January 2016 and was unannounced.

The inspection team consisted of three 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 expert by experience who took part in the inspection had specific knowledge of caring for older people.

Prior to the inspection we reviewed all the information we held about the service including safeguarding information and any statutory notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us.

We spoke with 30 people using the service, 13 relatives, 14 members of staff, the registered manager and the regional care director. We also contacted health and social care professionals such as GPs and occupational therapists to seek their views about the service.

We reviewed a range of documents and records including 10 people's care plans, risk assessments and daily records of care and support. We also looked at records which showed how the service was managed, reviewed seven staffing records including staff training records, quality assurance information and minutes from staff and relatives meetings. We also reviewed people's medical administration record (MAR) sheets.

## Is the service safe?

### Our findings

People were protected from the risk of harm and abuse. The service had safeguarding and whistleblowing policies and procedures in place. These documents provided guidance to staff on their responsibilities to ensure that people were protected from abuse. In the communal areas of the home 'Ask Sal' posters were displayed. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

Staff had received up to date safeguarding training and understood the importance of keeping people safe and protecting them from harm. All staff we spoke with were able to identify the different types of abuse and what action they would take if they witnessed or suspected abuse. One member of staff told us, "If I had any concerns at all about any of our residents I would tell the manager." Another member of staff said, "If I was worried about anyone here I'd contact my unit manager or the home manager. I'd record what I had found and the action I took." Staff also knew about whistleblowing, one said, "I fully understand about whistleblowing and that I am responsible for reporting concerns if I don't think they have been handled properly here." Another said; "If I had any concerns I would not have any problem in taking them higher if I needed to".

Risks to people were well managed. Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. Care plans included a variety of assessed risks to people and included falls and risks related to people maintaining their independence. Where risks had been identified staff had, where possible, managed these without restricting people's choice and independence. People had also been part of the risk assessment process where possible. A relative told us, "Before coming here [name of family relative] kept having falls at home. They [staff] are managing everything and this gives us peace of mind. [Name of family member] enjoys it here and they're safe."

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. The service had a maintenance person who worked 30 hours a week carrying out repairs as and when needed. Decoration and maintenance of the premises had been regularly completed and the home was safe and generally well maintained. There were processes in place to keep people safe in the event of an emergency. Staff understood what they should do in emergency situations and had access to a list of contact numbers to call which included the provider's on call management team.

Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. We saw that action had been taken to review people's risk assessments for example when they had fallen. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence. Records showed that the provider carried out monthly health and safety assessments.

People lived in a clean environment. People and their relatives told us that the service was kept clean. Housekeeping staff cleaned surfaces and vacuumed throughout the day. This reduced the risk of the spread of infection. One relative told us, "Mum's room is always clean, no smells, there's a lovely environment

within the home."

There were enough skilled staff to support people and meet their needs. People told us that there were generally enough staff and they did not have to wait too long for staff to support them. One person told us, "Staff are always around and there is usually someone to have a chat with." Another person said, "I do feel safe, I know the staff would help me if I needed help." Relatives we spoke to also told us they thought staffing levels were sufficient. One relative said, "There are always staff around when I visit and my relative seems settled and secure here." Staff told us staffing levels were acceptable and they could meet people's day to day needs. One staff member said, "I think there is usually enough staff here and our unit manager helps a lot at busy times." Another staff member said, "The staffing levels are ok. If we have someone go sick the managers do not leave us short staffed. They try and get bank staff in or ask someone from another unit to help us out." During our visit we observed people being well supported and provided with care quickly when needed.

People received their medication safely and as prescribed. People had individual medication administration records (MAR). We observed a medication round and saw staff check the MAR before they administered medication. Senior care workers administered medication. Training records confirmed staff had received appropriate medication training and staff also completed competency assessments every six months. There were appropriate arrangements in place for the ordering, storage and disposal of medication. Regular audits of medicine practices were undertaken. A healthcare professional told us, "The general relationship between [name of health service] and Silvana Court is a good one and no concerns have been highlighted with regards to patient safety."

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out Disclosure and Barring Checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews, checking a person's proof of identity and obtaining references. The recruitment records we looked at confirmed that appropriate checks had been undertaken and that the provider's recruitment processes had been followed. Staff told us the provider had undertaken employment checks before they started work at the home. One staff member told us, "When I applied for this job I came for interview. I also had to do a criminal record check and induction training"; another told us, "The recruitment here is done properly I had to give two referees and prove who I was and do a criminal record check."



## Is the service effective?

### Our findings

People were cared for by staff who were supported to develop their knowledge and skills to provide good care. When we asked people whether they felt staff had the skills to support them properly, comments included, "Yes they have, that's why we're here," and, "They're pretty sharp noticing things about you. I think they're alert to a lot of things."

All staff completed mandatory training which included safeguarding, medication, moving and handling, infection control, Mental Capacity Act, health & safety, food hygiene, first aid and fire safety. Staff also received specialist training to meet the needs of people such as dementia awareness and catheter training. Staff told us they received the right training for their roles. Comments from staff included, "We get regular refresher training in areas like safeguarding, manual handling, health and safety and first aid;" "My training is kept up to date and I think it covers all the areas needed for the people I support;" and "We gets lots of training here." A healthcare professional told us, "The manager is very engaged and welcomes any input I offer, as such I have been doing catheter care training with staff. I see this as positive as it demonstrates that the staff are keen to develop and provide the best care they can. The manager and I have agreed further sessions on pressure care and skin problems."

Staff told us they were supported to gain nationally recognised qualifications in health and social care. The registered manager told us, "Most staff are working towards achieving a NVQ; some staff have already achieved [a NVQ]. I love to empower my staff; if I have a good staff team then Silvana Court will get better and better."

Staff told us, and records confirmed, they received regular supervision and had an appraisal in place. Comments from staff included, "I get one to ones about every two months which are useful for discussing things about my work and training;" "I get regular one to ones meetings and managers always listen to our views about people's needs" and, "We can always talk to our unit manager in between these [one to one's] if we have any problems."

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 Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff received training on MCA and had an understanding of the key principles of the MCA. We spoke with the registered manager who was aware of their responsibilities with regard to DoLS. Records we looked at showed assessments had been undertaken of people's capacity to make decisions. Where people had been deprived of their liberty the registered manager had made appropriate applications to the local authority for a DoLS authorisation. We saw records where 'best interest' meetings had been held.

There were assessments of people's mental capacity in the care files we viewed. The documentation clearly identified what each person could do for themselves and what they may need assistance with. There was a place on each care file for people to give consent for their care or to nominate a relative or friend who they would like to be involved in their care. We heard staff asking people for their consent before they helped them with tasks or personal care. Staff understood people's rights to make decisions about receiving care. One staff member said, "We cannot force people to do something they don't want to. Sometimes you just need to go away and come back in five or ten minutes."

We observed some people had 'privacy gates' across their doorways. When asked whether consent had been granted for the gates, staff told us that either the person or their relatives had agreed to the privacy gate being used to stop other people from wandering into their rooms. On looking at the records for each person who had a 'privacy gate' there was documentation to show that the person had been part of the decision making process and it was their choice to have a privacy gate.

People were supported to access healthcare when required and to attend appointments. The service had good links with healthcare professionals such as the dementia crisis team, GPs and district nursing team. One person told us, "You get regular check-ups by the doctor." A healthcare professional said, "I have found the staff to be helpful and engaging. Generally, the staff provide insightful information about their residents."

People were supported to have a balanced healthy diet. They were provided with a choice of meals and alternatives were available if people did want what was on the main menu. Throughout our visit people were regularly provided with snacks and drinks. Comments from people about the food included, "I eat more now than I did at home;" "I like the food, no complaints;" "The food is good and you get enough;" "We get choice of lunch and there's plenty to eat;" and, "They feed us well, I have a cup of tea, a cold drink and biscuits they are very good." Throughout our inspection we observed people being supported and encouraged to eat and drink. During mealtimes we observed staff 'plating up' the meal choices and showing people and asking what meal they would like. A staff member said, "It's important to do this as people can forget and it helps them to make their choice." The mealtime experience for people was relaxed and pleasant and we observed staff and people happily chatting together. People were encouraged to be independent with eating but where needed staff were observed offering support and assistance.

The home provided an appropriate environment for the needs of people living with dementia. There was signage around the home to help people be aware of their surroundings. Each bedroom had been fitted with a knocker and a number to resemble a front door, helping to identify each person's personal space. Each person also had their name on their bedroom door and a picture of their choice to help assist with orientation. There were handrails around the corridor to assist with mobility and also seats in the corridors for people to sit on and rest. Each bedroom had been personalised and felt 'homely' and reflected each person's personality.

## Is the service caring?

### Our findings

Staff provided a caring and supportive environment for people who lived at the home. People were happy with the care and support they received and were seen to be treated with kindness and compassion. They were complimentary about the staff and comments included, "I am very happy, the carers are wonderful" and, "I have no complaints, they look after me well." One relative told us, "The staff are very good and they are attentive to our relative" and another said, "The staff are a good crowd they give very good care."

During our visit we observed that people looked relaxed and at ease. Staff spoke to people in a friendly and attentive manner and showed patience and understanding. The atmosphere within the home was calm and pleasant. Staff were knowledgeable about the individual needs of people and appeared to know them well. Staff interacted with everyone and ensured that those who were unable to express their wishes were included in the conversations and activities where possible. One person stated, "If you sit in the corner they will try and bring you in and get you to join in, they are very kind."

Staff had a good rapport with people and were present in lounges and communal areas, so people were able to gain support and care when they needed it. People stated they received the care they needed and added that they felt the staff were very good. One person told us, "They're not ignorant of the fact that you're yourself and then not yourself. They're lovely. They'll have a game of cards with you and give you an extra cup of tea if you like. They get to know you and you get to know them and you talk to one another as friends."

Information about each person had been gained when they first came into the home and included personal histories and preferences. Staff responded to people's needs and they were kind and caring in their approach. People looked well dressed and many had chosen to have their hair done by the hairdresser. People were seen being offered choice by the staff and were addressed by their preferred name.

People told us that staff respected their privacy and dignity. The home had dignity champions. A dignity champion is someone who believes being treated with dignity is a basic human right. This demonstrated that the home was committed to ensuring people's dignity was respected and promoted.

People had the opportunity to express their views about their care and support. Regular meetings had taken place with people and this provided them with an opportunity to be able to discuss their likes and dislikes. Minutes of these meetings showed that people had had an opportunity to feedback regarding the care they received. Relatives meetings had also been arranged and support groups to provide information and guidance on certain health conditions such as dementia awareness.

People were supported and encouraged to maintain relationships with friends and families. Families had been involved in their relative's care and had been kept informed of any changes. Where people did not have any family or friends to support them, the service provided information about local advocacy services who could offer advice, support and guidance to individuals if they need assistance. 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.

People's religious needs were recognised. The registered manager told us parsons visited the home to provide services to people and monthly religious services were held in the communal lounge if people chose to attend.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People were supported as individuals which included looking after their social interests and wellbeing.

Staff knew people well and were able to describe their individual needs and preferences. People's needs had been fully assessed before they moved into the home and relatives told us they had been involved in the assessment process.

Care plans included detailed information specific to the individual. This included information about the individual's past and their interests and hobbies. If an individual's needs changed these were discussed at daily handover meetings and recorded on the person's daily notes. Staff told us that any changes to people's needs were discussed at handover meetings. This ensured staff were informed of any changes to people's care needs.

People's care needs were reviewed regularly and relatives we spoke to confirmed they were involved in the review process. When asked about involvement in people's care planning, comments from relatives included, "Staff do discuss my relative's care needs with me;" "The staff are good at keeping us informed about our relative's condition;" and, "If staff think our relative is not their self they ring us and let me know and to discuss their concern with us."

People told us that staff responded quickly when they pressed their call bells. Comments included, "They come quite quickly;" and "If something's urgent they come quickly." Throughout our visit we noted call bells were responded to promptly. The registered manager told us they monitored the call bell system to ensure people's needs were being met in a timely way.

The service had three activities co-ordinators and people were supported to access community and in-house activities. Throughout the inspection we observed a variety of activities taking place that helped people to keep mentally and physically stimulated. A weekly activities schedule was displayed in the main foyer. The service had regular visits from entertainers and on the first day of our visit a singer had been organised. One person told us, "You never get bored". Another said, "We have plenty of laughs." A relative told us that trips were regularly arranged such as outings to the local pub and bowling. They also told us that people had the opportunity to have their nails and hair done weekly, which made their relative feel good. Another relative told us that their relative loved gardening and the service were in the process of purchasing a small PVC greenhouse for the garden so they could continue with their hobby.

The provider had an effective complaints policy in place for receiving and dealing with complaints and concerns. Information on the complaints procedure was available in the main foyer. Staff knew about the complaints policy and told us they would notify the registered manager if anyone had a concern or complaint. People living at the home told us they knew they could complain if they wanted. Comments received from people included, "I would not have a problem in making a complaint, but everything is good for me here;" "I have no complaints, if I did have any I'd let them (the staff) know;" and "I have nothing to

complain about but of course I would complain if I had too." Relatives we spoke with told us they knew they could complain if they needed to. Comments from relatives included, "I've never needed to complain but know I can do so if I want too" and, "I know about the complaints procedure but I've never needed to make a complaint."

## Is the service well-led?

### Our findings

The service promoted a positive person centred culture and staff had a good knowledge about the people they were caring for. The registered manager was very visible and operated an 'open door' policy and people, relatives and staff told us they could speak with the registered manager at any time.

People we spoke to told us that the registered manager was approachable and supportive. Staff told us they felt supported, valued and listened to by the management team. Comments from staff included, "[registered manager] is very approachable and would not ask you to do anything that she would not do herself;" "If you have done something wrong the manager will let you know, but there is no grudges or bad feeling;" and, "The manager is really approachable, firm but fair." A relative stated, "The manager is brilliant, I cannot fault the home they are excellent."

Staff spoke positively about other managers within the service. Comments included, "I can talk to my unit manager anytime if I have any problems" and, "We get good support the managers are very approachable and will always listen to us." Another staff member said, "I think the managers take notice and action on what I say about people's needs." Another said, "Managers walk around the home regularly and they will always talk to me if I want to discuss anything with them."

The service had clear aims and objectives and a service user's charter which included privacy, dignity, independence and choice and was displayed in the main foyer entrance. Some staff had been trained as dignity champions to ensure people's dignity was respected. Staff demonstrated a good understanding of the provider's vision and values and described how they provide the best possible care they could for people. Comments from staff included, "If people didn't have carers they wouldn't survive. We are here to make their last few years as comfortable as possible for them" and, "We are here to give good care, 100%, I'm proud of my team. Its good you can speak with families too and build good relationships with other multi-disciplinary teams so we can all ensure residents are well looked after and all their needs are met."

Staff had regular supervision and team meetings. We saw minutes of team meetings which confirmed these were held every month. At these meetings staff discussed any issues or concerns or changes to people's support plans and/or risk assessments. Staff told us they were able to put forward ideas for improving the service as well as providing their views on any proposed changes to the service.

Staff were motivated through a number of incentives. The registered manager told us she had recently introduced a recognition awards scheme. We saw eight certificates had been awarded to staff in December 2015 where staff had been recognised for their performance for example 'going above and beyond'. There was also a monthly 'Employee of the Month' award. Staff were also supported and encouraged to work towards achieving a recognised qualification in health and social care and care team managers were supported to complete a 'Tomorrow's Leaders' management programme.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people, for example, regular audits were undertaken on

medication management and health and safety. The regional director also carried out monthly unannounced audits on the service. The provider arranged for an independent quality audit to be undertaken in March 2015. This showed that the home had a quality assurance programme in place which was effectively monitored.

The registered manager gathered people's views on the service through meetings and talking to people on a day to day basis. Regular resident and relative meetings were held and dates of forthcoming meetings were displayed in the main foyer. The registered manager also held 'drop in surgeries' twice a week. There was also a suggestion box in the main foyer to gain feedback on the service. Surveys were also undertaken to gain people's feedback on the service provided such as catering, customer satisfaction and activities. Staff were also encouraged to complete the provider's annual staff survey.

The registered manager told us they were well supported by senior management. She told us, "I feel very supported from [name of Regional Director] to the Chief Executive Officer. You ask them for advice and they have an answer and what you ask for they give, so I am very happy." The registered manager also told us she attended monthly home managers meetings which provided an opportunity to review practices, share experience and knowledge and look at any challenges.