

# Runwood Homes Limited

## Elizabeth House

### Inspection report

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Date of inspection visit:  
10 February 2020  
14 February 2020

Date of publication:  
10 March 2020

### 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

### About the service

Elizabeth House is a residential care home providing personal and nursing care to 64 people aged 65 and over at the time of the inspection. The service can support up to 108 people in one adapted building. Elizabeth House accommodates people across two units, Poppy and Bluebell.

### People's experience of using this service and what we found

People told us they were safe and had no concerns about their safety whilst living at Elizabeth House. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed, recorded and followed by staff. Prior to our inspection concerns were raised about staffs' moving and handling practice. No concerns were observed during this inspection. Suitable arrangements were in place to ensure people received their medication as they should. Enough numbers of staff were available to support people living at Elizabeth House and to meet their needs in a timely manner. Staff recruitment and selection practices and procedures were safe. People were protected by the prevention and control of infection. Findings from this inspection showed lessons had been learned and improvements made since January 2019.

Suitable arrangements were in place to ensure staff were trained and newly appointed staff received a robust induction. Staff felt valued and supported by the registered manager and senior management team and received formal supervision and an annual appraisal. The dining experience for people was good and ensured people received enough food and drink to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Since our last inspection to the service in January 2019, many areas of the home environment had been refurbished and redecorated.

People and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us.

People's care and support needs were documented, and staff had a good understanding and knowledge of these and the care to be delivered. Information relating to people's palliative care and end of life care needs was recorded and included peoples and relatives' preferences and wishes. Suitable arrangements were in place to enable people to participate in meaningful social activities to meet their needs. Complaints were well managed and a record of compliments to capture the service's achievements was maintained.

People told us the service was well-led and managed. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided and staff performance. People's

comments about the management team were positive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was 'Requires Improvement' [published February 2019].

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Elizabeth House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection team consisted of two inspectors and two Experts by Experience on one day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to the service on a second day to complete the inspection.

#### Service and service type

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 20 people who used the service and eight relatives about their experience of the care provided. We spoke with four members of care staff, two members of staff responsible for facilitating social activities, two Care Team Leaders [CTL], three deputy manager's and the registered manager. We reviewed seven people's care files and three staff personnel files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training and supervision records, complaint and compliment records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Elizabeth House. Relatives confirmed they had no concerns relating to the safety of their family member. One person told us, "They're [staff] all very attentive to us, they treat me wonderfully, and I feel so secure living here." A second person told us they felt very safe as staff were well trained and understood their care and support needs. They told us, "They know I can take a couple of steps, no more, and they don't push me, that's why I feel safe with them." A relative stated, "[name] is very safe living here. Last week staff rang me to say they had a bruise. They didn't know how [relative] had got it, but they wanted me to know."
- Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority or Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and were confident of the management team's role and responsibilities.
- There was a low incidence of safeguarding concerns at Elizabeth House since our last inspection. The registered manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risk assessments identified how risks to people's safety and wellbeing were to be reduced and the actions required by staff to keep people safe. This included risks relating to moving and handling, falls, pressure ulcers and nutrition.
- Prior to this inspection concerns were raised with the Care Quality Commission about staffs moving and handling practice. Staffs' practice was observed throughout the inspection and no concerns were noted.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP) for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.
- Although staff were aware of the service's fire procedures and knew what to do in the event of an emergency and participated in regular fire drills, the latter did not include using fire evacuation equipment.

Staffing and recruitment

- People's comments about staffing levels were positive. Comments included, "If I press this [call alarm], I never have to wait a long time", "My buzzer is always to hand, their [staff] response is pretty quick, they never

make me feel I'm being a nuisance, which is lovely" and, "Staff are always popping in and checking on me during the day and at night, which I don't mind."

- The deployment of staff during both days of inspection was appropriate and there were enough staff to meet people's needs. Staff were responsive in a timely way and call alarm facilities were answered promptly. Staff told us staffing levels were currently appropriate to meet existing numbers of people living at Elizabeth House.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported. The service's recruitment and selection procedures met regulations and staff equal opportunity requirements.

#### Using medicines safely

- People confirmed they received their prescribed medication as they should. One person told us, "I take lots of medication and they [staff] watch me take it."
- Suitable arrangements were in place to ensure the proper and safe use of medicines. The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- We looked at the Medication Administration Records [MAR] for 10 out of 46 people using the service. These showed people received their medication at the times they needed them, and records were maintained and kept in good order.
- Arrangements were in place to ensure all staff who administered medication were trained and had their competency assessed.
- Medication audits were completed each month. Audits for the period November 2019 to January 2020 were viewed and these demonstrated a good level of compliance had been achieved with few corrective actions required.

#### Preventing and controlling infection

- The service was clean and odour free.
- Staff used Personal Protective Equipment [PPE] such as gloves and aprons to help prevent the spread of infection and told us there were enough supplies readily available.
- Staff had received suitable infection control training.

#### Learning lessons when things go wrong

- The inspection demonstrated lessons had been learned and improvements made since our last inspection in January 2019.
- Risks to people's safety and wellbeing were compromised at our previous inspection to the service. At this inspection, steps had been taken to ensure people at risk of choking and swallowing difficulties were appropriately supported. Other lessons were also learned and these are highlighted within this report.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social care needs were assessed prior to their admission to the service and regularly reviewed. This included where people were admitted to hospital.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff were supported to complete mandatory training at regular intervals. This was to ensure they had the right knowledge and skills to carry out their role. Staff told us training provided consisted of 'face to face' and online training which enabled them to meet people's needs to an appropriate level. Staff told us the quality of training provided was good.
- Newly employed staff received an induction relevant to their role and according to their level of experience and professional qualifications. A member of staff told us their induction was robust and structured, including the opportunity to shadow a more experienced member of staff.
- Staff told us they felt valued and supported, particularly by the registered manager. Staff confirmed they received formal supervision and those employed longer than 12 months had received an annual appraisal of their overall performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People's comments about the food were positive. Comments included, "I've put on a stone since living here, that's how well they're looking after me. My family are very happy about that," "The food's very good, the chef does a good variety. I often see them to say hello, I think they do a good job. I'm never hungry or thirsty" and, "I'm happy with the meals, I've never had to turn anything away."
- The dining experience for people was positive. People had access to enough food and drink throughout the day and meals were nicely presented. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner. People were able to choose where they had their meal, such as in the communal lounge, in the dining room or in the comfort of their bedroom.
- On the second day of inspection tables were attractively laid as tribute to 'Valentine's Day'. Several people were overheard to make positive comments about this.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice. This referred to the dietician or Speech and Language Therapy [SALT] team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations to ensure they delivered joined-up care and people had access to healthcare services when needed.
- Relatives confirmed they were kept up-to-date about their family members needs and the outcome of health-related appointments.
- Staff sought advice and support at the earliest opportunity and made timely referrals where appropriate to healthcare professionals and services. People confirmed their healthcare needs were met. One person told us they had been taken to hospital as they were feeling very unwell. When they returned to Elizabeth House, they came back with a programme of exercises to complete. They stated staff had been instrumental in reminding them to complete their exercises and been quick to provide encouragement and ongoing support.
- The service was part of the 'Red Bag Care Home Scheme'. This is a national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

Adapting service, design, decoration to meet people's needs

- People had personalised rooms which supported their individual needs and preferences.
- People had access to comfortable communal areas within the service. There was a café for people and their visitors to access if they so choose.
- Suitable adaptations and equipment were in place to enable people to maintain their independence.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS and how this impacted on people using the service.
- People's capacity to make decisions were assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.
- People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about the quality of care received were positive. One person told us, "The staff are very good, last night I had one of favourites on, they always offer to make me a cup of tea in the middle of the night if I can't sleep. I've never had any unkindness at all since I've been here. What I like is they [staff] take the time to listen to me." Another person stated, "Everybody here is so kind, the staff are so caring. In the evenings staff will pop in and say, "Do you want some company?" or "Do you want me to read you a book?". It's like me having a friend come in, they [staff] literally couldn't do anymore for me, they're just fantastic." A third person told us, "I've been extremely surprised by the staff here, they have a great deal of empathy, they have so much aggravation from people, but I've never seen or heard them be rude or unkind to anyone. I've got the utmost respect for them all."
- Throughout both days of inspection observations showed people received person-centred care and had a good rapport and relationship with the staff who supported them. Staff were attentive to people's needs, whether it was supporting a person with their personal care and comfort needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just sitting and talking to people.
- Where people could be anxious or upset, staff were attentive and supportive. During the inspection one person became anxious and expressed concern about going home and ensuring all personal belongings accompanied them when they left. We discussed this with a senior member of the management team. They showed compassion, empathy and reassurance for a considerable period of time, with the outcome meaning the person was no longer worried and concerned.
- People and staff were relaxed in each other's company and it was evident staff knew people's needs well. Staff understood people's different communication needs and how to effectively communicate with them. The registered manager confirmed no-one at the time of inspection required specialist assistive technology.

Supporting people to express their views and be involved in making decisions about their care

- Staff explained things clearly or in a way that could be easily understood. For example, when staff provided people with support relating to a task, such as, to have their comfort needs met or where they required support with their moving and handling needs.
- People and those acting on their behalf were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided.
- People and their relatives were given the opportunity to provide feedback about the service through the completion of an annual questionnaire.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People were observed to wear clothes and costume jewellery of their choosing.
- Where appropriate people were supported to remain independent. Observations showed several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed they were able to manage their personal care with limited staff support.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to/deteriorated to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans covered people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Staff had a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes and preferences.
- Information available showed people's care plans were reviewed and updated to reflect where people's needs had changed.
- Where people were judged to be requiring palliative care or at the end of their life, care plans were in place detailing people's and those acting on their behalf wishes and preferences; and the care to be provided by staff. The registered manager was aware how to access local palliative care and end of life support and services.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known and met.
- The menu and activity programme were provided in an appropriate format, for example, written, easy read and pictorial.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since our last inspection to the service in January 2019, new staff had been appointed to facilitate social activities for people using the service. People's comments about activities was positive and included, "I like the chair exercises and also the games and quizzes" and, "It is much better now, there is always something going on if you want to take part, I like to join in whenever."
- Suitable arrangements were in place to ensure people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. People told us they enjoyed the service's bar twice weekly, including the quizzes. However, people told us occasionally these did not take place and they were not always informed and were left sitting in the bar waiting for something to happen. External entertainers, such as singers visited the service at least once monthly. External activities included visits to the pub, shops for personal shopping, local garden centred,

theatre trips and the dementia cinema.

- The atmosphere within all communal areas were noted to be lively, engaging and stimulating for people. Enough numbers of staff were available to provide additional support and to facilitate social activities, particularly to engage people with one-to-one conversations. For example, on Poppy Unit, one member of staff was painting a picture with one person and discussing different painting techniques. A male member of staff within the same communal lounge was discussing sport and current affairs with one person. Another member of staff was sitting alongside one person talking to them about their earlier life and how things had changed over the years.
- On Bluebell Unit, one member of staff talked to people about their days in the Royal Airforce and this generated a lot of discussion. Another member of staff was observed to provide a book of poetry to one person and together they read a poem.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues of concern with the service. One person told us although they never had cause to complain, they would feel comfortable to go directly to the registered manager. They told us, "If I needed anything sorted, I feel sure they'd take it seriously." A second person told us, "They [staff] are looking after me fine, got no complaints whatsoever. I only have to tell staff if I am worried and they listen and try to help me."
- The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. Complaints logged were investigated and responded to in an open, transparent and timely manner.
- Compliments were maintained to capture the service's achievements. One person wrote to the registered manager following their stay at Elizabeth House. In brief this thanked the registered manager and the entire staff team for a most enjoyable visit and for allowing them to convalesce. The person wrote, 'I cannot speak highly enough of the care, help and understanding I received during my stay, nothing was too much trouble. The main purpose was for me to rest and relax, I couldn't think of a nicer home in which to do this.'

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved. The registered manager confirmed their next aim would be to consolidate and sustain this improvement and work towards providing an 'outstanding' service at Elizabeth House.
- The registered manager told us they were supported by the provider's representative, namely the area regional manager. Records provided to us following the inspection demonstrated the registered manager received formal supervision and an appraisal of their overall performance.
- People using the service, relatives and staff were complimentary regarding the registered manager and said the service was well managed and led. One person told us, "I know [registered manager's name], they get everything organised, I think staff seem quite happy working for them", "The manager always comes in to say hello. This place is no chaotic, it runs smoothly" and, "It's definitely got better since [registered manager's name] arrived, they are very on the ball."
- Relatives told us they had seen improvements since our last inspection in January 2019. One relative told us, "It [the service] is really good, better all round, big improvement." One member of staff told us, "It is a lot better, amazing. We had no consistent managers before, now it is a million times better. We have three deputy managers', you can talk to them and phone them for advice. The manager always takes time out to talk to you, you can talk straight, I have a lot of respect for them, they have turned it around."
- Staff told us the registered manager's office door was always open. This meant the registered manager was easily accessible to people using the service, relatives and staff and could monitor what was happening within the service.
- Staff were extremely positive about working at the service. Comments included, "It is a lot happier here [Elizabeth House] now, we have staff here that want to be here" and, "The manager and deputy managers have made huge improvements, they are 100% committed to making sure the residents receive good care and staffs' welfare and wellbeing is important."
- The quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. This information was used to help the senior management team drive improvement, including the monitoring of trends and lessons learned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf. This was completed in April, August and November 2019 and referred to specific topics. Where suggestions were made, an action plan was devised.
- Additionally, people and those acting on their behalf had had the opportunity to attend 'resident' and relatives' meetings.
- Newsletters were completed each month, detailing upcoming events and activities undertaken each month.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss topics. This included meetings for night staff. The Heads of Department meeting minutes for January 2020, showed the service had celebrated Chinese New Year by a Chinese dragon performing a dance within the communal areas and people's bedrooms.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.