Runwood Homes Limited

Highview Lodge

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

Overall summary

This inspection took place on 03 March 2015 and was unannounced. Highview Lodge is a care home that provides accommodation and personal care for up to 77 older people some of whom may be living with dementia. On the day of the inspection, there were 74 people living in the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and they were protected against the possible risk of harm or abuse. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines, regularly, on time and as prescribed.

Summary of findings

People received care and support from staff who were competent in their roles. Staff had received relevant training and support from management for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to and received support from other health care professionals.

The experiences of people who lived at the care home were positive. They were treated with kindness and compassion and they had been involved in the decisions about their care. People were treated with respect and their privacy and dignity was promoted.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

People received their medicines regularly and on time.

Good

Is the service effective?
The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

People's dietary needs were met.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Good

Is the service responsive?
The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good

Is the service well-led?
The service was well-led.

There was a caring culture at the home and the views of people were listened to and acted on.

There was a registered manager who was visible, approachable and accessible to people.

Good

Highview Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 March 2015 and was unannounced. The inspection team was made up of two inspectors and an Expert by Experience whose area of expertise is caring for older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

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

During the inspection we spoke with 15 people who used the service and observed how the staff supported and interacted with them. We also spoke with three relatives, five care staff and the registered manager.

We looked at the care records including the risk assessments for seven people, the medicines administration records (MAR) for the majority of people and six staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

Good

Is the service safe?

Our findings

People felt safe and told us that they did not have any concerns about their safety. One person said, "I have felt quite safe here, I've no concerns." Another person said, "The staff make sure I have my buzzer nearby."

We spoke with staff about protecting people from the possible risk of abuse. One staff member said, "I have been trained to recognise the signs of abuse and I would take any concerns to my manager or to someone from head office". All the staff we spoke with understood the signs of abuse to look out for and were confident in how to escalate any concerns they had. They also told us they were confident to report under the whistle-blowing policy if they identified unsafe practices. A member of the care staff said, "The manager keeps reminding us of our responsibility to keep people safe and what we have to do." This demonstrated that the service had an effective safeguarding and whistleblowing process to support people safely. We noted that safeguarding referrals had been made to the local authority and the Care Quality Commission had been notified as required.

Each person had their individual risks assessed with a plan on how to mitigate the risk. People told us that staff had discussed with them about their identified risks. One person said, "Staff showed me how to use my walking frame and I keep it next to me." Staff confirmed that they were aware of their responsibility to keep risk assessments current and to report any changes and act upon them. One staff member said, "A resident was admitted recently with a piece of moving and handling equipment I had not seen before. Training was given to those of us, before we were expected to provide that person's care. That made sure that resident was kept safe." We observed staff using equipment to support and move people safely in accordance with their risk assessments. We also observed one member of staff supported a person to walk to the dining room taking a few steps at a time until they reached the dining room. The staff told us that supporting the person to walk prevented them from the risk of falls and reliance on the wheelchair which would make the person less mobile.

The care records demonstrated that individual risk assessments had been completed and regularly updated for risks such as falls, manual handling, the risk of developing pressure ulcers and nutrition. For example, one person who had been identified of being at risk of choking, had an assessment from the speech and language therapist carried out. This provided advice for staff on how to support the person to help them swallow their food with ease and safely.

The service had an emergency business plan to mitigate risks within the service. The plan included the contact details of the utility companies and the management team. Each person had a personal evacuation plan in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures. Staff demonstrated they were aware of the actions they should take if required.

There were sufficient numbers of staff on duty to meet the needs of people. People confirmed that they knew how to use the call bell system and that the buzzers were answered promptly. The staff were seen to be attentive and watchful of the residents without being overbearing; One staff member said. "It is now much better. We know if someone goes off sick a replacement will be found." They told us that there was limited reliance on agency staff which ensured continuity of care for the people using the service.

There was a robust recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who needed to be protected from harm or abuse. One relative told us, "Any new staff are introduced to us." Staff confirmed that they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. The staff records we looked at showed a clear audit trail of the recruitment processes including interview questions and the checks carried out. We noted that where it had been necessary, the registered manager had followed the home's disciplinary procedure with staff members in order to ensure the safety of the people living at Highview Lodge.

There were systems in place to manage people's medicines safely including a medication policy that covered the administration of medicines as prescribed, when required, homely remedies and medicines given covertly. People told us that they received their medicines regularly and on time. One person said, "They give me my tablets with my breakfast and dinner." The service had a medication

Good

Is the service safe?

champion who was responsible for liaising with the supplying pharmacy and ensuring that people did not run out of their prescribed medicines. Regular checks were carried out to ensure that an audit trail of all medicines received into the home was accounted for. For additional safety each person's Medicine Administration Record (MAR) chart had been kept with their photograph and a picture reference of the medication they had been prescribed. The (MAR) charts had been completed correctly and there were no omissions of the staff signatures that confirmed the staff had administered the prescribed medication. Variable doses had been correctly recorded and the back of the MAR charts were used to record additional information in respect of medication prescribed to be given as required (PRN).

Staff confirmed that only the senior care staff who had been trained and had passed their competency tests administered people's medication. We were able to reconcile most of the medications not supplied in blister packs to confirm that staff were administering PRN medication correctly. We looked at the Controlled Drugs (CD) process and saw that the CD book had been completed correctly. Where controlled drugs had been given, these had been signed by two members of staff and a balance of each medicine remaining had been kept.

We observed that people using the service were not rushed to take the medicines offered. We also observed that staff had protected time to administered medication to ensure they were not interrupted which could lead to a mistake happening. This was secured by staff wearing a red tabard which informed people that they should not be disturbed.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in their roles. People and their relatives were complimentary of the staff. One person said, "The staff know me well and know what I need." Staff demonstrated this number of times with comments to people showing that they knew their preferences. For example, we observed a member of staff supporting one person with their cushions and making adjustments to their clothes and body position so that the person was comfortable. The majority of staff had worked at the home for a number of years and knew how to care and support each individual so that their needs were met.

Staff received a variety of training to help them in their roles. One member of staff said "This Company believes in training. We are always being given opportunities." Another member of staff said, "We are provided of different ways to learn and always have practical examples of those areas that need it, like moving and handling and fire safety. A new member of staff told us about their induction which also included a period of shadowing an experienced care staff and then a period of supervision by a senior member of staff. They said, "Even now I would not be expected to do something I was not confident with."

Staff confirmed that they had received supervision and appraisals for the work they did. One member of staff said, "Supervision is a good opportunity to think about what training you want and what is going well or not so well." Staff had regular training including yearly updates so that they were aware of current safe practices when supporting people to receive effective care. The provider had identified members of staff to be 'champions' for certain areas of care such as dignity, end of life care and medication. The 'champions' were responsible for cascading best practices to other members of the staff team.

Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed that people who lacked mental capacity had an assessment carried out so that any decisions made regarding their health and welfare would be made in their best interests. For example, we saw the required documentation had been completed to allow staff to give medication covertly (hidden in their food or drinks) in the best interest of the person. Applications for the deprivation of liberty safeguards for some people had been made in relation to them leaving the home. The service was awaiting for authorisation from the local authority supervisory board. This demonstrated that the registered manager understood her responsibility in light of the most recent court judgement.

People confirmed that staff sought their consent when supporting them with their personal care. For example, they said staff always asked them how they would like to be supported with their bath or a shower. Relatives confirmed that staff also discussed with them about any decisions to be made regarding their [relative's] health and wellbeing.

In some care records, we saw copies of documentation suggesting it would not be appropriate to attempt to resuscitate the person if they suffered cardio-pulmonary failure. The documentation had been completed by the GP in discussion with a family member.

People were complimentary of the food and said they enjoyed mealtimes and did not feel rushed. One person commented, "The food is perfect, and I am very particular. There are always choices on the menu, and a bowl of fruits in the kitchen." We noted that people were offered a variety of drinks and snacks in between meals during the day. We saw that jugs of drinks and finger foods such as sweets and crisps and fruit were available in all communal areas and that staff encouraged and supported people to take enough fluids. There were drinks brought to people throughout the day as well as fluids available within reach to those in their rooms.

There were picture menus displayed in the dining rooms. We observed good interactions between staff and people using the service at lunchtime in order to make it a social occasion. People could choose where they took their meals and most choose to use one of the dining rooms. People had a choice of two main dishes, vegetables and potatoes as well as a choice of two hot puddings and ice cream, and fruits. A salad was provided for one person who wanted an alternative. Care staff asked people to make portion size decisions and also did not assume sauces such as gravy and custard would be required but asked each person if they wanted the sauces. Gravy was provided in gravy boats and vegetables in serving dishes on each table, so that people had the choice to serve themselves.

Care records we looked at showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. We noted

Good

Is the service effective?

that from the care records we looked at that everyone's weight was stable at this time. We saw that where food supplements were prescribed these were provided and recorded in line with the prescription.

The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice. Staff recorded fluid and food intakes and were aware of the amount of fluid a person at risk of dehydration should be offered.

People had access to other health care services when required. One person said, "I'm happy they get the GP to see me when I ask." Another person said, "I get seen by the optician to check my eyes." Staff told us that any of them would call a GP if a person needed to be visited but they usually referred to the deputy manager or manager. We noted that emergency calls to the GP were minimal as a local GP routinely visited the home twice a week. We saw that the community nursing team had been involved in providing nursing care. For example, they renewed dressing for people with wounds and provided advice to staff so that people's health and wellbeing was maintained. For example, they had requested a person should not be laid on a particular side for some time to prevent tissue damage. We spoke with the community nurses who thought the quality of care was very good. Care records showed that paramedics had been called appropriately when a person needed emergency aid, i.e. following a fall.

Good

Is the service caring?

Our findings

People received care in a kind and compassionate way. One person said, "The staff are very good, caring and helpful'. Another person said, "They are the Tops! I think they will do anything for you." People felt that staff knew them well including their preferences and personal histories. We saw there was a good interaction between staff and people and spoke with staff who knew and understood the people they were providing care to. The conversations we heard between people and staff were polite and caring. For example, a member of staff who was helping a person look for a lost item said, "Do you mind if I look in here".

We observed that staff showed a very warm and friendly approach towards people and their visitors and they carried out their tasks with constant communication with them. The staff were motivated to provide comfort and care to people and they went about their tasks in a cheerful manner and were seen constantly engaging with them. People felt that staff provided support at the correct time, without taking over, but also with the correct amount of encouragement to promote their independence.

People and their relatives had been involved in the decisions about their care and support. One person said, "I know about my care plan. The staff talk to me about it." The records we looked at showed that the needs of relatives had also been considered. For example, it was recorded when and at what times a relative would wish to be informed of an incident, accident or the death of a loved one. The registered manager said, "When someone moves into this care home it isn't just them that go through a big change."

People were involved and supported in their own care, decisions and planned their own daily routine. They said that their views were listened to and staff supported them in accordance with what had been agreed when planning their care. People said that their care and support had been discussed with them and reviewed regularly. They also said that they had received information about the service so that they were able to make an informed decision whether the service was the right home for them. People told us that they maintained contact with their relatives and friends who were supportive and were aware of the care and support provided for them. Information about advocacy service was available to people. The manager said that currently, there was one person using the service.

People's privacy and dignity was respected. One person said, "The staff always treat you with dignity. I dress myself but they'll help when I ask'. Staff told us they discussed dignity frequently at staff meetings and were encouraged to consider how they would like care provided to them or a family member. The manager told us she would ask staff to write their own care plan to help them understand what issues to consider. We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. For example, we saw a member of staff remind a person not to lift their skirt and explained why. We saw staff knocked on people's door and waited for a response before entering. One staff explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They said that sometimes people chose to do as much as possible for themselves such as wash or dress themselves so that they maintained some degree of independence.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People told us that they had answered questions and provided information about themselves when they had their assessment of needs carried out. We noted from their care plans that they had contributed to the assessment and planning of their care. Information obtained following the assessment of their needs, had been used to develop the care plan so that staff were aware of the care and support each person required. We saw evidence in the care plan that people or a family member had been involved in the care planning process wherever possible. Information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. One person said, "I decide when I am ready for bed. The staff know what I like to eat and things I like to do." Documentation in people's care plans confirmed that they had been asked about their preferences for male or female staff to provide their care.

People were able to express their views about their health and quality of life. For example one member of staff told us, "We always spend time talking to the people who would choose not to go to a 'residents' meeting so that we can ensure their views are included." They explained that one person had said they would like more soup on the menu but had not wanted to bring it up themselves.

Care records had been written in detail and had been kept up to date. There was sufficient information for staff to support people in meeting their needs. We noted from one of the care plans that had information about how people with little or no verbal communication would respond, and staff should look at their facial expressions for their response. We also noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. For example, for one person whose needs had changed, the care plan showed how staff should support the person in meeting their needs differently.

We observed throughout our inspection that staff demonstrated an awareness of individual's likes, dislikes and their care needs. For example, one person went to their room after lunch. The staff told us that the person like to have a rest after lunch and that they were go and make sure the person was comfortable.

We heard appropriate music being played throughout the home that people enjoyed and were familiar with. One person said, "I do like to join in with the singing." The manager said that they had appointed a new activities co-ordinator as they had been without one for few months. During this period they had given additional training to one of the care staff who ensured that planned activities took place. We observed a number of staff had joined in with activities such as dancing to music and sing-alongs. The manager had arranged external entertainment, visits from the local Brownies, school children and occasional trips out for people, which they fund raise to pay for transport.

People said that they were aware of the complaints procedure. One person said, "Our relationship is very close. Issues are resolved. We have a resident's meeting." None of the people we spoke with had any complaints regarding the quality of care and support that they were given. We looked at the complaints log and noted that there had been 12 complaints recorded in the last year. Issues raised included missing laundry items or not enough salad served at mealtimes. We saw evidence all the complaints had been thoroughly investigated and there was an audit trial confirming how the complainant had been informed of the outcome. Information about the complaints procedure was displayed at the main entrance.

There were a number of compliments made about the home in the form of thank you cards and e-mails that were displayed either in the unit they applied to or in the entrance hall. People told us they could personalise their bedrooms and we saw examples of people having their personal belongings around them.

Good

Is the service well-led?

Our findings

There was an 'open' and a 'caring' culture where people could see the manager whenever they needed. They felt that their views were listened to and acted on. One person said, "The manager comes around most days. They are very approachable and I'm happy to talk with her."

When we arrived at the inspection the manager and the deputy manager were undertaking a care plan audit. We saw examples audits that had been carried out. For example, the medication audit had shown that they systems in place were effective and there had been no issues identified. The manager had divided the various audits undertaken into the areas of the five key questions we ask. This demonstrated that the registered manager was aware of regulations and the changes to the inspection processes. We saw that all the audits in the home were undertaken monthly and included a clear description of any issues and the action plan as to how these were to be addressed. We noted that regular audits relating to health and safety had been carried out so that people lived in a safe and comfortable environment. Regular checks were also undertaken by external companies to ensure that all equipment and heating systems were in good working order.

The service has had the current manager in service since September 2014, and they had a good knowledge of the home, people's needs and knew their visitors. Staff said they had seen a number of improvements under the new manager. One staff said, "The manager is good, she listens to you and addresses issues." The manager told us she had good relationships with staff and other health professionals who visited the home. Staff told us that they attended regular staff meetings and we saw that these had been documented and were available to staff who were unable to attend.

The most recent satisfaction survey confirmed that 90% of the responses rated every aspect of the service as either very good or good. Where shortfalls had been identified, we noted how these had been addressed. For example, in December 2014, someone had been disappointed that chiropody services had ceased. A new chiropodist had been identified to start in January 2015.

There were regular meetings with future dates had been posted in the home along with customer satisfaction survey forms so that people and their relatives were aware of and would be able to attend. One relative said, "They do hold regular meetings for us to give feedback. We've never had any concerns, but would happily talk to the manager if needed'. Where people were not able to join in the meetings, the staff ensured that people's views were aired in the meeting. For example, one member of staff said, "We always spend time talking to the people who would choose not to go to a resident's meeting so that we can ensure their views are included." They explained that one person had said they would like more soup on the menu but had not wanted to bring it up themselves. There were also feedback questionnaires in the main entrance for those who may not wish to attend meetings, which covers a range of topics from laundry to the garden.