

Runwood Homes Limited

Longview

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Longview is a residential care home providing personal care to up to 70 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 62 people using the service. The service is set over two levels and people can use lifts to move around to the multiple lounges and communal areas. There is also access to outside space and gardens.

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

People we spoke with were happy using the service and complimentary of the staff. One person said, "It is perfect here the staff are so good."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

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; the policies and systems in the service supported this practice.

The registered manager had put systems in place to monitor and provide good care and these were reviewed on a regular basis.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (published 11 November 2019). At this inspection the service has remained good.

Why we inspected: The inspection was prompted in part due to concerns received about safeguarding referrals not being raised and how the service responded to falls. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Longview

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by three inspectors.

Service and service type

Longview is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Longview is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people and one relative. We spoke with eight members of staff including the registered manager and care workers.

We reviewed a range of records. This included six people's support records and medication records. We reviewed four staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

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.

Is the service safe?

Our findings

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

The rating for this key question has remained 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 living at the service. One person said, "I can't fault any of the staff they are so good at looking after us."
- Staff knew how to keep people safe and had received training in safeguarding. The provider had information in place to support staff with raising concerns including on how to 'whistle blow'. One member of staff said, "I would raise concerns to my manager or if needed would go to head office."
- During a local authority visit it had been noted that not all incidents and accidents that met the threshold for a safeguarding referral had been raised with the local authority. The registered manager had raised these retrospectively and had reviewed their systems to ensure safeguarding referrals would be raised promptly when required in the future.
- The registered manager was working with the local authority to investigate safeguarding referrals and put systems in place to mitigate risks to people.

Assessing risk, safety monitoring and management

- The registered manager had systems in place to assess and monitor risk.
- Care plans and risk assessments contained information to support people and minimise risk. Assessments included risk of falls, moving and handling, pressure area prevention and malnutrition. Where equipment was needed to mitigate risk, these were assessed for their use such as bed rails, hoists, pressure relieving equipment and sensor mats.
- The registered manager completed regular audits of the environment to identify any issues and addressed these. There was a maintenance person at the service to complete day to day repairs.
- In the event of an evacuation needed at the service there was guidance for staff and the fire service to follow.
- Staff knew what to do in the event of an emergency. One member of staff said, "It would depend what the emergency was but if someone was unwell or had fallen, I would push the emergency call bell, check the person all over and if injured call 999."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff had been trained in MCA and obtained people's consent for any support they were providing.
- Appropriate applications had been made to the local authority for DoLS assessments and best interest assessments had been completed.
- People told us they were supported with choices and making their own decisions.

Staffing and recruitment

- There was a consistent staff team at the service. People told us there was enough staff available to support them. One person said, "Staff pop in and see me. I have my buzzer if I need them, they are good at coming, it is not a long wait."
- Staff we spoke with told us they had a good team and enjoyed working at the service. One member of staff said, "I am very happy working here, I get job satisfaction looking after people."
- Newly recruited staff had a full induction when they commenced working including completing training and shadow shifts with more experienced staff. New staff completed the care certificate this is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There was an effective recruitment process in place. The registered manager checked staff recruited were suitable for the role they were employed for.

Using medicines safely

- People were supported to take their medicines safely. One person said, "The staff give me my medication, I know what I have and when they do my patches, they put them on in different places."
- Staff told us they had received training in how to support people with medicines safely and they had their competency checked to do this every six months. Following recommendation from the local authority the registered manager had recently updated how they check staff competencies.
- Medicine administration records were in good order and contained all the information staff needed to support people safely.
- Regular audits were in place to check medicines were being managed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to receive visitors in line with government guidance. The registered manager had kept up to date with guidance so that people could continue to have contact with their relatives safely.
- Where relatives had wanted to become essential care givers this had been supported by the registered manager. One relative told us, "I am an essential care giver, I come in four times a week to support [relative name] at mealtimes."
- One person told us, "It is better now we can go out; I go to a club once a month." Another person said, "[relative name] does not like to come in so we have a window visit."

Learning lessons when things go wrong

- The registered manager had been proactive in learning lessons when things go wrong and sharing these with staff. We saw from minutes of meetings the registered manager had shared learning from safeguarding with staff and reflected on the importance of documentation.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People we spoke with were complimentary of the support they received at the service. One person told us, "I have lived here for six years, staff are great and treat you with respect." Another person said, "My husband was here first, then I came, and so staff made one room our bedroom and another room our lounge. When he passed, I chose this room as I like the view."
- Staff were positive about their role and how they supported people. One member of staff said, "I want to make people feel appreciate, to have a sense of self-worth and make their day better."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Staff were clear about their roles. The registered manager had been away from the service working at another service owned by the provider. Since their return they had taken the opportunity to review issues that had been raised at the service and put plans in place to address these.
- The registered manager had held meetings with staff to review quality performance and regulatory outcome to promote good outcomes for people.
- Staff spoke positively of the registered manager and expressed they were supportive to their role. All staff we spoke with told us they had a good team working at the service and how much they enjoyed their jobs.
- The registered manager understood their responsibilities under duty of candour to be open and honest when things go wrong.

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

- The registered manager spent time talking to people and staff during their daily walkaround of the service.
- Feedback on people's care was sought during meetings and as part of care reviews. The registered manager completed surveys on such things as catering and customer satisfaction. The provider also issued a survey to gain people's feedback on their experience of care.
- The registered manager told us they had an open-door policy to encourage people, relatives and staff to talk with them. A relative told us communication at the service was very good.

Continuous learning and improving care; Working in partnership with others

- The registered manager completed a number of audits to help them review people's care and to give

them oversight of the service. For example, on their return to the service they found from weight monitoring people had lost weight. In response to this they had completed an observation and found snacks were being offered before main meals meaning people were not feeling hungry or eating main meals. In response they had reviewed menus to add more variety, changed snack times and introduced milkshakes mid-morning to encourage weight gain.

- The registered manager had identified failings in their falls and safeguarding audits and were addressing these to reflect accurate data. The registered manager understood the value of audits in reviewing care and promoting positive outcomes for people.
- The service worked in partnership with other healthcare professionals such as district nurses, GP and dementia care team.