

Runwood Homes Limited

Leawood Manor

Inspection report

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Ratings

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

Overall summary

About the service

Leawood Manor is a residential care home providing personal care for up to 71 people aged 65 and over. There were 70 people living in the home at the time of the inspection. The accommodation was in a large purpose built home over two floors with a spacious garden. One of the floors specialises in providing care for people with dementia.

People's experience of using this service

People and relatives were positive about the staff and management team. People told us staff were caring and the registered manager was visible and responded to concerns. Staff were knowledgeable about people's needs and supported people well.

People received safe care, their health needs were monitored, and staff supported people's independence. Risk assessments to reflect people's changing needs were well managed. Safe recruitment was followed, and staff received effective training. There were enough staff to meet people's needs. People received medicines as prescribed.

Quality assurance systems effectively monitored the service. The registered manager was well supported by the provider. The environment was clean and well maintained.

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.

Rating at last inspection

At the last inspection the service was rated Good and was published on 6 April 2016

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

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.

Leawood Manor

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.

Inspection team

There were two inspectors, an assistant inspector 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.

Service and service type

Leawood Manor 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, 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

The 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. 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. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

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

We spoke to 20 people and seven visiting family members. We also spoke to six care workers, the registered manager and deputy manager, two visiting healthcare professionals and four other members of staff. We observed lunch and spent time in the lounge and dining areas. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection.

We continued to seek clarification from the provider to validate evidence found after the inspection.

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 Good. At this inspection this key question has remained the same Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. People told us they felt safe, "If I need anything, the staff will help".
- Staff told us they received training in safeguarding and whistle blowing and could identify different types of abuse and knew who to report incidents to, within or outside the home. One member of staff told us, "I am not slow in coming forward, if I saw poor care, or something I didn't like I would tell the person and let the manager know. I am here for the residents no one else."
- There were safeguarding policies and procedures in place to keep people safe and ensure they received safe care. The registered manager reported and recorded any safeguarding events and kept copies of any notifications submitted to the Care Quality Commission.

Assessing risk, safety monitoring and management

- People's risks had been assessed, in an individualised person-centred way. Staff understood risks to people's safety and told us people were assessed and records updated as required. One person was at very high risk of falls and we saw their risk assessment reflected this. Staff understood measures in place to mitigate risk. Staff could tell us how they managed falls if they occurred, the observations they did and how they updated records and risk assessments.
- There were up to date health and safety policies and environmental audits in place to keep people safe. Staff had fire safety training and could describe how they would respond in an emergency. People had personal emergency evacuation plans in place that were personalised to their needs.
- Digital care records were up to date, accessible to staff and password protected for security.

Staffing and recruitment

- The majority of people told us there were enough staff and they didn't have to wait long if they needed help.
- The service used a dependency tool to assess staffing levels and the registered manager told us staffing was changed according to the needs of people. Staffing levels had recently been reviewed and increased after staff requested more help in one area. Staff told us they felt supported by the management team. Staff told us that sickness was covered by the management team. The registered manager told us that they had several regular bank staff who were flexible and could cover shifts at short notice.
- There was evidence of safe recruitment practices in place. Pre-employment checks were carried out to make sure staff were suitable for the role. Staff had DBS (disclosure and barring service) checks in place.

Using medicines safely

- Medicines were managed safely and stored securely. We observed medicines being administered safely. There were policies for medicines management in place. Room and fridge temperatures were within a safe range. People told us they got their medicines when they needed them, including those that were time specific.
- Staff told us they received appropriate training and their competency checks were done by the deputy manager.
- There was regular weekly audit of medicines by the deputy manager and issues were picked up and actioned.

Preventing and controlling infection

- The environment was clean odour free, well maintained and tidy. The reception area and other parts of the home had been refurbished since our last inspection. Regular cleaning took place.
- Staff we spoke with understood their role in protecting people by preventing the spread of infection. There were infection control policies in place to support staff knowledge. Personal Protective Equipment (PPE) was available and used by staff. There were infection control policies in place to support staff knowledge.
- The service had a 5-star food rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure good food hygiene levels.

Learning lessons when things go wrong

- Lessons were learnt through flash meetings, this was a meeting held immediately after an event to discuss what happened. Staff told us this ensured a quick response to issues raised to prevent a reoccurrence. Staff knew what they needed to report and how to raise concerns via a more senior person. Head of department meetings ensured that general information was cascaded down to all staff.
- Staff told us personal development plans were used to show how they had learned from events.
- The registered manager promoted an open and honest culture towards incidents, themes were identified, and we saw they were fed back at team meetings.

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 Good. At this inspection this key question has remained the same Good.

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 needs and wishes were assessed and care and support was planned effectively. Staff told us care plans were updated regularly and we saw three monthly reviews that involved people and their families.
- Staff used nationally recognised assessment tools MUST (Malnutrition Universal Screening Tool) for nutritional and care plans were kept up to date to ensure people received appropriate care. Staff had access to policies and procedures.
- Staff had a good knowledge of people's needs cultures and backgrounds and respected peoples wishes. There was a religious service held within the home and people had access to a religious person if required.

Staff support: induction, training, skills and experience

- Staff felt they were well trained and well supported and received regular supervision every six to eight weeks and six monthly or yearly appraisals. We saw up to date training records. Staff told us they could access the management team for any problems and did not need to wait for supervisions sessions if they needed to discuss any problems.
- Staff told us they had an induction period when they completed training and had a buddy who they spent time with, to observe good practice.
- Staff told us they had specific training for example in diabetes and end of life care, to help them care for people's with specific health care needs. Staff felt that extra training was encouraged. Regular meetings gave staff opportunity to discuss any problems or training needs with the management team.

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

- People were supported to eat and drink and told us they loved the food. We saw people were given enough to eat and drink. The chefs could tell us about people's food preferences and cultural requirements. We observed them being attentive, checking people were enjoying their food at lunchtime. People at a table were all served at the same time, so they ate together to make lunch a sociable event.
- Staff could tell us about people who were at risk of choking and what support they required. Staff helped people with dementia to choose their lunch, by showing them a small plated meal of each choice and giving them time to decide. Staff encourage people to try to do as much as possible before supporting them with eating. Peoples weight was monitored; any weight loss was identified, and an action plan put in place to monitor weight and outcomes of actions taken.
- There was a large blackboard menu and picture menus on tables to help people choose. There were

various dining areas which were all clean with well-set tables. Lounges had specific hydration areas with jugs of drinks and bowls of fresh fruit for people to help themselves. This enable people to remain independent, maintain a balanced diet and keep hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- People told us they got timely access to healthcare. "The GP reviewed my medication and changed it recently". Relatives told us they thought staff were proactive and responded quickly to changing health needs and contacted the GP if necessary. Staff told us the local GP surgery did a weekly round which gave good oversight into people's changing health needs and had reduced hospital admissions.
- Each person had a hospital pack in their electronic record which gave clear information on the person's needs. This could be printed quickly if the person went into hospital.
- We spoke to a visiting health care professional who said Leawood was very good, staff were quick to identify problems and were well organised when they visited. Staff were friendly, and the registered manager had approached them to deliver some extra teaching sessions. We saw evidence of visits from other healthcare professionals in people's records and that the staff followed instructions or recommendations they made.

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

- The service was a purpose-built home and had been refurbished in areas since our last inspection. There was an open and comfortable reception area. We saw there were different areas of the home for people to access, a bar for drinks, a small shop to buy sweets or other items, a café to sit with family, a sports memorabilia room, which added more choice and variety for people who did not leave the home.
- Staff told us families were free to visit, and there were plenty of alternative spaces to spend time with people other than bedrooms. For families that lived abroad, the service had purchased a tablet computer that they used for families to contact each other through different social media platforms.
- The service had changed rooms around to accommodate married couples to remain living together, with one room as a shared bedroom and another room as a lounge for privacy and independence. People who were independent could chose to eat in one of the dining areas or at smaller tables in other areas of the home. Some rooms opened out onto the garden, others upstairs had large window boxes people could sit in and look onto the garden.
- The home did not have dementia friendly colours in corridors, however the registered manager told us the home was decorated in a way that people could recognise where they were in corridors. Rooms had pictures of people or memorable items on their doors. Rooms were personalised as much as people wanted them to be.

Supporting people to live healthier lives, access healthcare services and support

- The home was part of the Vanguard red bag system. When a person was admitted to hospital, their personal items, medicines and medicines charts, clothes and documents would all go in the bag and it would be tagged, and the contents logged to ensure a more seamless transfer.
- Every Monday there was armchair exercise class and there was a varied activity program, tailored to people's individual preferences.
- People told us they had access to healthcare professionals visited the home such as GP's, district nurses and chiropodists. The service had staff champions responsible for keeping staff updated on medication, infection control and incontinence issues.

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, 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. We saw DoLS had been submitted and conditions met.
- Staff could explain what capacity assessments and best interest interests were. Staff told us they tried to gather information about people's history and their life before Leawood, so they could help people make decisions about their care if they lacked capacity. We observed staff asking people for consent before they helped them and explaining what they were doing.
- Staff described how they helped people make decisions for themselves. We saw an example of a person's wishes being respected whilst keeping them safe. Staff told us one person had fallen over and staff wanted to call an ambulance, but they refused, family were informed and agreed. The person was happy for the GP to be called to avoid a hospital admission. The assessment tool was updated, and a new walking frame was organised.

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 Good. At this inspection this question has remained the same Good.

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 told us staff were respectful and caring and they were never told staff could not help. People felt staff were friendly and explained what they were doing.
- Staff we observed were kind and respectful and their interactions with people showed us they knew people well. Staff told us they would be happy for their relatives to live at the service, and they always tried to think of residents as they would their family and treated them as they would want their family member treated.
- Staff identified how people could be discriminated against. "When caring for people with dementia, it can be something as simple as how you talk to a person, your tone and the words you use". We saw cultural preferences identified in care plans and reinforced in minutes of meetings. This meant people's individual needs were respected.

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

- People were involved in making decisions about their care. Staff we spoke to showed knowledge of people they were caring for and were person centred when they spoke about people. People's care plans reflected their needs and choices. Staff told us they involved people in planning their care, people and relatives told us about three monthly reviews of their care plans. Staff told us they were proud of the caring attitude at the service and felt they worked well within their teams.
- People told us they were supported to maintain relationships with their families and there were events for families to attend.
- Staff told us they had used an advocate to help a person with financial issues. An advocate is someone who supports people who are unable to speak up for themselves.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity, respect and maintained their privacy. One person told us, "I have it written in my care plan that I like to be as independent as possible, I usually shower and wash my hair myself, I get up and go to bed when I wish." One person had their own fridge, microwave, kettle and food in their room so had independence to manage activities of daily living themselves. One relative said, "It's all about retaining people's independence and this place has done that for my mother. One person told us they were able to access local shops and pubs when they wanted to.
- The registered manager told us people had phone lines, computers with Wi-Fi codes and satellite TV if they

chose to. Staff told us it was important to promote people's independence. "Even down to their shoes being fit for purpose, if they don't fit properly, or there are obstacles in the corridors, it will restrict their independence".

- During our visit people were asked if they would like to help prepare fruit salad for lunch, and we saw people making it. We saw one person helping staff in the dining areas. We observed staff knocking on doors and stating who they were before asking to go into people's rooms. Staff told us, "It's important to remember this is their home, not ours". We observed staff closed doors and spoke quietly when offering personal care. Staff told us they maintained confidentiality by not discussing people where they could be overheard and ensuring any personal information was locked away.

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 Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
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.

- One person told us they were involved with their care plan on admission and had found it easier to settle in quickly at Leawood Manor than at their previous home. We saw pre-assessments were done before people arrived. One person who arrived at the home during our inspection, was met by the chef and activity coordinator to find out what their preferences and needs were. Care plans were personalised, we saw information about a person who had a brain injury, staff had described how, if given time to understand what was said, they were able to answer the question and decide.
- The service participated in the 'forget me not' project to reduce people feeling isolated. People who liked to spend time in their rooms or were unwell had three blue flowers stuck on their door, so staff knew to pop in to encourage interaction and check if they needed anything.
- There was a good variety of activities on offer for people. We observed activities occurring in addition to those planned on the activity list, and people were assisted to join in. The activity coordinator told us, "If I can make five out of six residents smile then I know I have done something." There were guest visitors, trips out and clubs for people to build independence. A relative told us, "Every time I come in my relation is doing something".
- The service had local primary school children who visited which relatives told us people really enjoyed. The registered manager told us a local secondary school sent students who were paired up to visit people who didn't get visitors, so "no one was left out". People who were interested in gardening had raised beds to grow vegetables in this maintained peoples' previous interests and kept people active.

Improving care quality in response to complaints or concerns

- Staff told us there was a complaints policy and they would pass on any complaints to the registered manager. For more minor issues, staff told us there was a suggestion box at the reception. There were regular staff, residents and relatives' meetings.
- One suggestion we saw implemented was the hydration trolley. Team leaders had been given an amount of money to purchase or decorate an area for drinks to keep people hydrated as the warm weather approached. One complaint we saw was about items of clothing getting lost in the laundry. We could see

from minutes of resident/relative meetings that the complaint was addressed and the suggested solution of a clothes rail in the café had been implemented.

- One relative told us, "I wouldn't hesitate to speak to the senior staff or registered manager if anything was troubling me". Relatives felt the registered manager was very responsive and visible if they needed to complain.
- One person with a poor appetite, had made a complaint to a carer about the food. The carer had written it down and passed it on to the chef. We could see how he had positively responded to the complaint by working with a relative to find out things that would tempt the person to eat.

End of life care and support

- People's wishes for the end of their life were discussed and recorded. Staff had completed end of life training and we saw a good level of end of life planning in care plans. It was clear that people and their relatives had discussed detailed end of life wishes and these were clearly documented.
- Staff told us they worked with the GP to ensure medication was available when needed to ensure people were comfortable.

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 Good. At this inspection this key question has remained the same Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us, "The manager is very nice and is friendly and talks to everyone". People told us communication was good and they met with their key workers every three months to review their care plans and make changes. People told us the registered manager walked round regularly to check for problems.
- Staff told us the registered manager was approachable, supportive and understanding. There were regular team meetings every six weeks and staff were comfortable to discuss concerns and told us meetings kept them up to date about issues.
- Staff and relatives felt the management team were visible, open and responsive.

The registered manager was clear about duty of candour responsibilities and was open about incidents and accidents during the inspection.

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

- There was a clear organisational structure and staff were clear about their roles and accountability. Staff told us they felt supported and felt communication was good and information was passed on well. Staff told us they worked well as a team and had good relationships with each other.
- The registered manager told us they were well supported by a regional manager who visited regularly. During our inspection the regional manager was also performing a quality visit and we saw an annual quality assurance report with an action plan for changes.
- An analysis of data around incidents and accidents was undertaken by the registered manager, trends were picked up and where action was required, we saw evidence this was followed up. The deputy manager did medication audits and provided training and support to staff. The registered manager did spot checks on the service out of hours to ensure standards were maintained. The deputy manager worked shifts at weekends to monitor the service and needs of people and staff.

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

- The service held regular residents and relatives' meetings with a set agenda and minutes. Meetings occurred at different times of the day and evening to accommodate people's commitments and guest

speakers were also invited to meetings. The management team used feedback to evaluate the service and make changes.

- There was a quarterly newsletter for residents and relatives to keep people up to date with information. There was information on notice boards around the home.
- We saw a yearly satisfaction survey with very positive feedback. Feedback from two visiting health professionals was also very positive.

Continuous learning and improving care

- Staff told us they had weekly heads of department meetings to discuss issues and flash meetings, so they can deal with incidents immediately and improve care. The registered manager told us he attended managers meetings within the provider group to share best practice and keep up to date.
- Staff told us they received continual support in their roles through training, supervision appraisals and meetings.
- The registered manager had won Manager of the year within the provider group services.

Working in partnership with others

- The service had established a good relationship with a local primary and secondary school, and with local businesses to improve the lives of people living at Leawood.
- We spoke to two external health care professionals who told us they had a good relationship with the service and staff responded well to guidance.
- The registered manager told us a local church visited and organised events for people. The registered manager told us about some falls prevention research they were involved in.
- The service worked with local health professionals, the local authority and clinical commissioning group and other organisations to benefit people who lived there.