

Runwood Homes Limited

Broomhills

Inspection report

Stambridge Road
Rochford
Essex
SS4 2AQ

Tel: 01702542630
Website: www.runwoodhomes.co.uk

Date of inspection visit:
29 March 2018
10 April 2018

Date of publication:
03 May 2018

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

The Inspection took place on 29 March and 10 April 2018 and it was unannounced.

Broomhills is a 'care home without nursing'. 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 is registered to provide care and accommodation for up to 47 older people some of whom may be living with dementia and/or a physical disability and/or a sensory impairment. Although the service is registered to care for 47 people, the registered manager has reduced the number of rooms in use and there were 42 people living in the service during our inspection visits. They told us the service was full and that they had a waiting list.

At the last inspection, the service was rated good. We recently received some anonymous concerns that the service was not reporting incidents appropriately and we also had concerns about the number of unwitnessed falls that had taken place during the night. At this inspection, we did not find any evidence to support the allegation that incidents were not reported appropriately. The registered manager had put in place a system to minimise the risk of falls at night. Therefore, we found the service remains good.

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

People received their care and support safely. Staff knew how to support people and protect them from the risk of harm. Risks to people's health and welfare were well managed. The service recruited staff safely and employed sufficient numbers of staff to meet people's assessed needs.

People received their medication safely and as prescribed and the records were of a good standard. Staff had received regular updates in training and checks to ensure that they were competent to administer medication safely. The service was well maintained, clean and hygienic. Staff had been trained in infection control and had a good knowledge of infection control procedures.

People's needs had been fully assessed and care plans had been regularly reviewed and updated to ensure they continued to meet their needs. Staff were well trained, supported and supervised and knew how to care for people effectively. People were offered a choice of fresh home cooked meals in sufficient quantities to meet their nutritional needs. The fruit and sweet stalls offered them additional snacks and there were cup drinks available 24 hours a day. Staff worked with health and social care professionals to ensure that people's healthcare needs were fully met.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. Appropriate assessments had been carried out in line with legislation. The service had made appropriate requests for authorisation when people were deprived of their liberty, People's independence was encouraged while minimising any risks to help keep them safe.

People were cared for by kind, caring and compassionate staff who listened to them and made them feel that they mattered. Staff treated people with dignity and respect and ensured they had the privacy they needed. People and their relatives were fully involved in making decisions. Advocacy services were available if people needed them. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People received personalised care that was responsive to their needs. Care plans and daily notes were very detailed and informative and were kept up to date. People had good community links and were kept occupied with a range of indoor and outdoor activities and events. The complaints procedure was good and complaints had been fully investigated and addressed.

People and their relatives had confidence in the registered manager and knew them well. Relatives said they felt that the registered manager was very good at their job. Staff felt supported and shared the manager's vision to provide people with good quality care. There were effective quality assurance systems and processes in place that identified and actioned the improvements needed. Confidential information was stored safely in line with data security standards.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Broomhills

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted due to us receiving anonymous concerns about the service's reporting procedures. We also had some concerns about the number of un-witnessed falls that had taken place, particularly during the night. The inspection took place on 29 March 2018 and 10 April 2018 and was unannounced. The inspection team included one inspection manager, one inspector and an expert-by-experience on day one, and one inspector on day two. 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 information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during 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 12 people, four visiting relatives, a healthcare professional, the registered manager and 10 members of staff. We reviewed four people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, training records, medication system, staff duty rotas and complaints records.

Is the service safe?

Our findings

We checked the services safety records and spoke with people, staff and relatives in relation to the anonymous concerns that were raised. However, we did not find any evidence to support the allegation that the service was not reporting issues appropriately. We looked at recent falls information and saw that the registered manager had introduced a system using a circular clock to enable them to carry out motion analysis. This was proving effective and un-witnessed falls had reduced. At this inspection, we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

People said they felt safe and their relatives told us they were satisfied that their loved ones were safe and secure living at Broomhills. One person said, "I do feel safe, they look after me well and if I need someone, they come quickly." Another person told us, "I feel safe. I have got my facilities, got a buzzer and they come fairly quickly when I press it." The service had systems and processes in place to safeguard people from abuse. Staff demonstrated a good understanding of how to protect people from the risk of abuse. They told us they would ensure the person was made safe and report the matter immediately. They knew they could contact social services or us, at CQC. We observed staff interaction with people throughout our visits and saw that people were happy and relaxed. The safeguarding records showed that prompt action had been taken to protect people from the risk of abuse.

Risks to people's health and safety were monitored and managed to support them to stay safe and respect their freedom. For example, there were personal risk assessments in place for people's skincare, nutrition, mobility and falls. There were personal emergency evacuation plans (PEEP) in place and colour coded dots on people's room doors to identify their level of mobility. Staff knew the people they cared for well and demonstrated a good knowledge of their identified risks and they described how to manage them. Staff had received training in health and safety, including fire safety and first aid. They knew to call the emergency services when needed. People had detailed evacuation plans and regular fire drills and checks on the fire system had been carried out. Safety certificates were in place for the electrical, gas and water systems. Repairs had been carried out in a timely manner to ensure that the service was kept safe. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

People said that staffing levels were good. One visiting relative told us, "There is always a member of staff in the lounge with people. I have never seen people left alone for any length of time." Another visiting relative said, "There are always loads of staff around when I visit." A staff member told us, "Although staffing levels are good you can always do with more staff. Mornings are pretty busy but we are all working harder to make sure there is no impact on people." We saw, and the duty rotas showed that there were sufficient staff on duty over the four-week period checked. The service had a robust recruitment process. All of the staff files checked contained the relevant documentation in line with regulatory requirements, for example Disclosure and Barring checks (DBS), identification and written references.

The provider ensured the proper and safe use of medicines. People told us that they received their

medication correctly. One person said, "I get my tablets regularly, they are never missed. Staff give me the tablets and watch me take them." Another person told us, "I take a lot of medication at breakfast and more at lunch time. I know the painkillers are for my benefit and staff always check that I need them." There were good systems in place for ordering, receiving and storing medication. The medication administration records (MAR) were of a good standard with explanations for any omissions. Staff had been trained, had their competence regularly checked and demonstrated a good knowledge of medication management. People received their medication as prescribed.

People were protected from the risk of infection. The service was clean and hygienic and there were sufficient domestic staff to ensure cleaning schedules were adhered to. One visiting relative said, "They [staff] do a lot of good work here. It always smells fresh and clean." We observed domestic staff carrying out their work diligently and the cleaning records were fully completed. Care staff used personal protective clothing such as disposable gloves and aprons, which they changed regularly and disposed of appropriately. Staff knew their responsibilities to record safety incidents and near misses. The registered manager monitored incidents and accidents and analysed the information to share at staff meetings to enable the service to learn from them.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating remains good.

People's holistic needs had been fully assessed on an on-going basis in line with legislation, evidence based guidance and other expert professional bodies. People and their relatives said they had been fully involved in their assessment of needs, and the records confirmed this. The assessment process included people's preferences in food, drink, social and emotional needs and their hobbies. People told us, and the records confirmed their care plans had been regularly reviewed and updated to reflect their changing needs.

There were advocacy services available should people need them. People told us their relatives were fully involved in their care and would advocate for them, if necessary. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. They help ensure that people are not discriminated against on any grounds such as their protected characteristics under the Equality Act. People and their visitors told us they were always made to feel welcome and we witnessed this throughout our visits. Relatives told us they were invited to meetings and care plan reviews.

Staff had the knowledge, skills and experience to deliver effective care and support. They told us, and the records confirmed they received a good induction and regular updates in their training. People felt staff were well trained and our observations showed that staff applied their knowledge and skills appropriately. One person said, "Staff are well trained." Another person told us, "They [staff] are very good carers, they are always doing training." Staff said they were happy with their training and the records showed that they had received a wide range of training that was appropriate for their role, and it had been regularly updated to refresh their knowledge.

Staff told us they felt supported. One staff member said, "I had a personal issue recently and the manager let me go early as I was upset, that was nice." We saw that supervision included observations of practice and staff confirmed they had received regular supervision. The registered manager told us that a new appraisal form had been put in place, as the old system was very repetitive. They said that this had caused a delay in completing the appraisals this year but expected to complete them by the end of April 2018.

People were very complimentary about the food. Their comments included, "I get enough food." "It's good." "The food is always hot enough." "They never run out and I can always have seconds." And, "I get plenty of drinks and always have a jug of water." During our observations we saw that people were offered a visual choice of meals both in the pictorial menus and again when seated at the table. This meant that where people might forget what they requested they had a reminder to ensure they got the food and drink they wanted. The fruit and sweet stalls offered people additional snacks and drinks were available 24 hours a day. We heard and saw lovely interaction and banter between people and staff supported people with their meals in a sensitive manner and at their own pace.

People received appropriate healthcare support. One person said, "The district nurse bandages my leg. It has got much better lately." Another person told us, "I regularly see the optician, the dentist and the chiropodist." One visiting relative said, "The staff will always get medical help when needed. They telephone the doctor when necessary." The records confirmed that people received the healthcare support they needed.

Staff worked well in partnership with other organisations to ensure that they delivered effective care and support. They knew people well and demonstrated good communication when liaising with other professional such as GP's, district nurses, social workers and hospitals.

The adaptations, design and decoration of the premises met people's needs. People had appropriate, well-maintained equipment such as hoists and wheelchairs to enable them to move around the service safely. People told us, and we saw that their bedrooms were personalised. There were photographs of their families and friends and they had many personal belongings such as pictures and soft furnishings to enable them to feel more comfortable in their own personal space.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff demonstrated a good knowledge and understanding of how to support people to make decisions. Mental capacity assessments had been carried out to ensure that decisions were made in people's best interests in line with legislation. Appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. We saw and heard staff asking people for their consent throughout our visits.

Is the service caring?

Our findings

At this inspection, we found that people were still cared for by kind, caring and compassionate staff and the rating remains good.

Staff treated people with respect; they were kind, caring and supportive. People told us the staff always treated them well. One person said, "They [staff] are respectful, gentle and very friendly." Another person told us, "Staff are marvellous, they really are marvellous. They are wonderful, so very caring and helpful." Visiting relatives were positive about staff and one said, "They [staff] obviously love their jobs, they are really very caring and my relative always enjoys a bit of banter with them." Other relatives all agreed staff were respectful, kind and caring. One health and social healthcare professional told us, "This is a warm and friendly home. All the staff say hello when I walk around. It is a lovely atmosphere."

People told us, and we observed that they were treated with dignity and their privacy was respected at all times. People were reassured in a gentle manner when staff supported them with their personal care such as when helping them to move around the home. For example, staff explained every move when supporting a person using the hoist, they reassured the person throughout the manoeuvre. We saw that staff made good eye contact with people and knelt beside them when offering support to ensure people could hear and understand them.

Staff treated people as individuals and demonstrated a strong person centred culture. They ensured that people had the help they needed. For example, when staff approached people they were smiling, friendly and engaging. People had confidence in the staff and we saw that staff showed great kindness using hand on hand, forearm or arm around shoulder contact. People responded positively to this and it was clear that they benefitted from a person centred approach.

People and their relatives said they were kept fully involved in decision-making. We observed staff asking people for their views and opinions and regular meetings were held where a range of issues had been discussed. This ensured that people and their relatives had up to date information about the service and had fully participated in decisions about their care.

People were encouraged to maintain their independence. They were supported to do as much as they were able for themselves. For example, one person told us, "I do as much as I can for myself. I get up in the morning, wash and dress myself and do my exercise. Staff then brings me a coffee and I sit and read my newspaper." Another person said, "I can be private and go to my room and shut the door. I frequently use the café to have my lunch, sometimes others join me and it is quiet and very nice." Other people told us they tried to be independent by self-toileting and washing. One person said, "The staff are so respectful and if I can't manage myself they tell me they are here to help me when I need it." Another person told us they were able to shower themselves independently because staff supported them appropriately. People looked well cared for, cheerful and relaxed and they told us they were very happy living in Broomhills.

Is the service responsive?

Our findings

At this inspection, we found that people still received personalised, responsive care that met their individual needs and the rating remains good.

People's care plans were developed from the assessment process and reviewed when necessary, and at least monthly. People and their relatives told us they were fully involved in the process and in on-going reviews. The care plans were detailed and informative and provided staff with enough information to care for people in the way they preferred. There was good information about people's life history and staff knew the people they cared for very well. For example, staff were able to tell us about people's allergies, their likes and dislikes and their preferences. They demonstrated a good knowledge of people's past lives including people's childhood, working and family life, hobbies and interests.

The service employed an activities co-ordinator for 30 hours a week who organised planned group activities such as making Easter bonnets and craft work. People and their relatives told us there was always some kind of activities taking place both in the home and outside in the gardens. This included regular church services, gardening clubs, Zumba and circle dancing, dog shows and fetes. They told us they had fun. We saw a range of activities taking place such as people enjoying a coffee morning in the café, having a hand massage, a sing-a-long and playing a musical instrument in time to music. Other people were chatting, reading knitting and doing craftwork. There were good community links where people often went out in the service's mini-bus. The registered manager had booked the mini-bus on a monthly basis and planned trips were displayed on the noticeboard to enable people to choose where they wanted to go. For example, people had been to other homes, to the seafront for an ice cream or bag of chips or to a local garden centre. One person told us, "I go to the coffee club and went ten pin bowling in Southend yesterday and I have been on several trips that I really enjoy." This showed that people had access to the local community and were kept fully occupied when in the home.

People using the service were supported with the use of new technology. Some people had mobile phones, computer tablets and their own Wi Fi. The registered manager told us about the use of 'You Tube' to help people reminisce by watching old advertisements and programmes that were important to them. They said they were in the process of developing a project using an on-line communications tool. The plans were to set up regular sessions to support people to catch up with others, by either writing or talking on-line.

People said their complaints were always acted upon swiftly. One person said, "I have no complaints." Another person told us, "I have nothing to complain about as it is so good here but if I did I would happily talk to the staff and manager." Visiting relatives told us that any little issues were dealt with quickly and that all the staff were very responsive. The records showed that complaints were fully investigated and addressed.

People had end of life care plans in place and staff were clear about their individual wishes. They had access to specialist nurses when needed and received effective pain relief. A visiting relative told us, "Both my parents lived here until one of them passed earlier this year. The staff were excellent and went above and

beyond to ensure that the whole family were supported during this very upsetting time."

Is the service well-led?

Our findings

At this inspection, we found that the service still provided people with a well-led good quality service and the rating remains good.

There was a registered manager in post. People and staff told us the registered manager was highly visible and always available should they need support, advice or guidance. One person said, "The manager is a wonderful lady, we met in the corridor this morning and she always has time for me." Another person told us, "I think of her [registered manager] as a friend but I know she is the manager. I call her 'smiler' she is really friendly and very kind and respectful. She always takes the time to talk with me and is a lovely lady." One health and social care professional was very complimentary about the registered manager and told us they were really approachable and they felt they could telephone her at any time. Staff said the registered manager was a good leader and they told us they felt supported and valued. Relatives said the staff turnover was low and the staffing records confirmed this. This showed that people received their care and support from a consistent staff team.

Staff shared the registered manager's vision to provide people with the best possible quality of life. We saw that relatives had good relationships with the registered manager and staff, and were comfortable when discussing any issues with them. The service worked well in partnership with other organisations such as specialist nurses, social workers, GP's and the hospital. One health and social care professional told us, "I love this home. It is always so warm and friendly and the team all say hello to me when I am walking around. The residents went to a concert last year and my boss said what a lovely lot of staff they were."

The registered manager had carried out regular quality assurance surveys where they had sought people's views and opinions on the quality of the service. People and their relatives were very complimentary about the quality of the service and told us they participated in meetings to enable them to express their views. The service carried out a range of checks and audits to ensure people received safe, good quality care. All of the quality assurance reports were accompanied by active action plans to ensure that improvements were on going.

There were clear whistle blowing, safeguarding and complaints procedures in place and staff knew how and when to implement them. One staff member said, "I have whistle blown myself in the past when I was not happy with the way a person was treated. I am confident about our procedures and would not hesitate to use them again if I felt the need to." Other staff clearly described the actions they would take, and how they would record them.

People's personal records were safely stored when not in use and there were policies and procedures for dealing with confidential data. Staff told us, and the records confirmed that they had received training in confidentiality and the Data Protection Act. They knew who they could, and could not share confidential information with. This ensured that people's confidential information was protected in line with data security standards.