

Runwood Homes Limited

Oldfield House

Inspection report

Oldfield Lane
Stainforth
Doncaster
South Yorkshire
DN7 5ND

Tel: 01302351410

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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 ●

Summary of findings

Overall summary

About the service

Oldfield House is a residential care home providing accommodation and personal care for up to 34 people. At the time of the inspection there were 30 people living at the home. The home supports people who require care and support due to their health needs, including people living with dementia.

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

People were safe and protected from abuse and avoidable harm. Risk assessments helped protect the health and welfare of people. People received their medicines when they needed them from staff who had been trained and had their competency regularly checked. The service was providing safe and consistent staffing levels. Infection control was well managed and the home was clean and free from odours.

Staff were well trained and supported for their role so that they could meet people's assessed needs. People's rights were protected by a staff team which understood their responsibilities under the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they enjoyed meal times and were offered a variety of good quality meals. People's health and nutritional needs were met. The home worked effectively with external healthcare professionals.

People told us they were supported by staff who were kind and caring. People's dignity was maintained, and their privacy was respected. The provider ensured people's equality characteristics were met. People were supported to make their own decisions and independence.

The provider ensured people received a service that was responsive to their needs. People were supported to maintain and develop relationships and participate in activities that were relevant to them. People were encouraged to explore their end of life preferences. Care planning was personalised, and complaints were dealt with appropriately.

People, and their relatives where applicable, were encouraged to participate in meetings and/or complete surveys to express their opinions about the quality of the service. The provider had clear systems in place to monitor and audit the quality of people's care and support, and take corrective actions to respond to any deficits they found.

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 13 February 2016). There was also an inspection on 30 January 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oldfield House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with the registered manager, regional manager and four staff. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included five people's care plans and a range of people's medicines charts, risk assessments, staff rotas and staff recruitment records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

After the inspection

We reviewed and analysed all the information gathered during 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 inspection on 12 January 2016 this key question was rated as good.

Using medicines safely

- People received their medicines on time and as prescribed. One person told us, "I always get my tablets on time."
- Staff had received training in the administration of medicines and medicines were stored safely.
- Where people were prescribed 'as required' medicines, protocols were in place and staff were aware of when people needed their medicines.
- Topical medicines and medicated patches had accompanying body maps to ensure staff were aware of where these should be applied although, these records were not always updated. The registered manager told us this would be addressed immediately through team meetings and individual supervision.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they had no concerns about safety. One person said, "I am absolutely safe here."
- People were protected from abuse by staff who had received training to recognise and report any concerns.
- Staff were able to tell us about the training they had received regarding safeguarding, and what they would do if they suspected anything was wrong. One staff member told us, "I would report any concerns straight away, we get training about protecting people from abuse and there are posters around the home, giving information."

Assessing risk, safety monitoring and management

- The home was well-maintained and safe people. Regular checks were carried out to ensure the safety of the environment and fire safety was effectively managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care. Risk assessments covered such areas as, moving and handling, falls and the use of bedrails.
- Staff were observed using equipment to transfer people safely.
- Risk assessments included a separate skin integrity section to monitor risk of developing skin pressure damage. No-one at the home had any pressure damage and people at risk were using pressure relieving equipment appropriately.

Staffing and recruitment

- People and their relatives felt there were enough staff to keep them safe. One person told us, "There are always staff around. I never have to wait for long if I ring the bell". Another person said, "I think there is enough staff. They are always there if I need them."

- There were sufficient staff to meet people's care needs. We observed staff were not rushed and responded promptly and compassionately to people's requests for support.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- The control and prevention of infection was well managed. The premises were clean, and a team of housekeepers were employed to maintain standards.
- Staff received training in relation to infection control and used personal protective equipment such as disposable gloves and aprons when providing personal care to people.
- Regular checks on cleanliness of the service were carried out by the registered manager.

Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure any themes or trends could be identified and investigated further. It also meant any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

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 inspection on 12 January 2016 this key question was rated as good.

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

- Pre-assessments were carried out, to ensure people's needs could be met before moving into the home.
- People's gender, culture and religion were considered as part of this assessment process.
- People and relatives told us they felt fully involved with this. One person said, "I knew exactly what to expect when I came here because we discussed everything beforehand."

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction. Staff told us, and records confirmed this included training in subjects such as, safeguarding, food hygiene, manual handling and the Mental Capacity Act. Staff also shadowed more experienced staff before being allowed to work alone.
- Where staff did not have a care qualification before starting work, they were supported to complete the Care Certificate. The Care Certificate is a set of standards and principles that care staff should adhere to, to underpin good care delivery.
- The manager had a system in place to ensure that staff refreshed training when necessary and were supported through regular supervision and annual appraisal.

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

- People told us they received good quality nutritious food suited to their specific dietary needs. One person said, "The food is always lovely, the kitchen staff do a marvellous job." Another person told us, "Lovely hot meals and always a choice. I'm very happy with the food here."
- Our observations showed people who needed support at mealtimes received this in a patient, kind and discreet manner with staff attentive to everyone. Plate guards and adapted cutlery were used to enable people to be more independent with their meal.
- Where there were concerns about people's nutrition or hydration appropriate referrals were made to dietitians for advice and guidance.

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

- The premises were adapted to maximise accessibility for people living in the service.
- People lived in a comfortable and well-maintained environment. Décor was to a good standard, although some areas of the home looked tired and worn. The registered manager and regional manager told us this was being addressed with a planned programme of redecoration and renewal. For example, the day before our visit all the dining room chairs had been replaced.
- Bedrooms, bathrooms and toilets were fitted with adaptations to make these easily accessible for people.
- Communal areas were spacious, and people made use of these when they wanted to be with other people.

or could move elsewhere when they wanted to spend time alone. There was an accessible garden for people to use.

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

- People's physical and mental healthcare needs were being well-monitored to recognise any signs of deteriorating health so action could be taken. The advice given by healthcare services was included in people's care plans and followed by staff.
- A healthcare professional told us staff were knowledgeable and skilled in making assessments and when to seek advice. They said, "Communication from this service is always good and timely. I have no concerns at all about the care people receive here."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Where people could make decisions about the care they received, staff encouraged and supported people to be independent and offered choice in the care they provided.
- Where people were subject to a DoLS this was clearly documented in their care plans and records showed when DoLS needed to be reviewed.
- Staff we spoke with and the manager demonstrated a good understanding of the MCA and how this impacted on people that they worked with. Staff had received training on the MCA which was refreshed yearly.

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 inspection on 12 January 2016 this key question was rated as good.

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

- People were happy with the staff that supported them and were treated in a kind and caring way. One person told us, "I think the manager and staff are wonderful." Another person said, "All the staff are very nice. They are kind and caring, I get on with them all and we have a laugh."
- Staff were vigilant to when people needed support. Staff spent time with people offering support and comfort.
- Staff knew about people and were able to give detailed accounts of them, including their likes and dislikes and interests.

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

- Care plans showed people, when they were able, were involved in planning their care.
- Relatives told us they were involved in planning people's care and their views and opinions listened to. One relative said, "Yes, staff always consult me and keep me informed."
- There were residents and family meetings where people and relatives were able to put forward their views.
- Staff involved people on a day-to-day basis on aspects of their care. This included what they wanted to eat, wear and do for the day.

Respecting and promoting people's privacy, dignity and independence

- People's personal care was carried out discreetly and respectfully by staff so dignity was preserved. For example, we observed staff wiping people's mouths during and after meals. Staff supported people to maintain their appearance with neat clean clothing and hair brushed or combed.
- People were given time to spend away from others, but staff were alert to their whereabouts and checked on their wellbeing. For example, one person liked to go outside the front door to smoke, staff knew this was where the person would be and ensured other staff were aware of the person's whereabouts.
- People who were able to mobilise themselves around the service did so without restriction whilst respecting another people's privacy.
- People and staff's confidentiality were respected. Paper records were stored securely, and all electronic records were password protected. Staff had completed training around information safety and General Data Protection Regulations.

Is the service responsive?

Our findings

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

At the inspection on 12 January 2016 this key question was rated as good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which took account of their needs, choices and aspirations. These plans were reviewed every month or more frequently if people's needs changed. Staff maintained daily records to demonstrate people's care was delivered in line with their care plan.
- People told us they were supported by staff to make choices about their daily lives. For example, one person told us, "Staff never assume anything. I have choices about everything."
- Care plans were very person centred and detailed about each person. They contained very helpful and clear information about people. This meant their individual needs could be met. For example, information about likes, dislikes and what was important to people.
- Assessments and care plans took account of people's protected characteristics under the Equality Act such as, gender and sexual orientation.

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.

- People's communication needs were met and recorded to guide staff. For example, staff supported people to access information that was relevant to them through larger fonts, pictures and staff were available to read information aloud.

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

- People were able to maintain relationships that were important to them. They told us their friends and relatives could visit them as they wished and said there were no restrictions on when they could see their visitors. One relative told us, "I can come at any time of day and am always made welcome."
- People were provided with a range of activities and entertainments. This was currently provided by care staff as dedicated activities staff were currently being recruited. Entertainers and singers were booked on a regular basis.
- Staff were good at offering people things to do, such as an impromptu sing-along. Daily newspapers were available around the home. One staff member told us, "We are decorating and getting ready for tonight's Valentines day party."
- The home had a 'tools down at 11' policy. This ensured every member of staff, regardless of role, spent time with people. This linked in with the provider's 'forget me not' initiative. This highlighted people who could not or chose not to leave their room and encouraged staff to spend time with them.

Improving care quality in response to complaints or concerns

- Everyone told us they had no complaints or concerns about the service. However, they also said they would go straight to the registered manager if they did.
- The registered provider had a complaint policy and procedure available in different formats.
- Complaints were investigated and responded to in line with the service's policy.
- Any complaints were analysed and used as opportunities to further improve the service.

End of life care and support

- The staff gave people the support they needed to remain in the home, if this was their wish, as they reached the end of their lives. The staff told us they had been trained and worked with local healthcare services to ensure people were able to remain comfortable and pain free at the end of their lives.
- We saw a number of relative's thank you cards commenting on the high standard of end of life care for their relative, and to the compassionate support given to them also.

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 inspection on 12 January 2016 this key question was rated as good.

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

- We found statutory notifications had been submitted as required. All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been managed.
- There was a clear staff structure and staff told us they made up a strong team and worked well together. Comments from staff included, "I think we have a fantastic team who work hard for each other."
- The provider had quality assurance checks and audits in place and these were used effectively to identify shortfalls, errors and omissions. The registered manager committed to improve some aspects of medicines recording.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt the registered manager promoted a positive culture that was person-centred, open, and inclusive. One staff member said, "The manager is open, honest, accessible and always supportive." One person told us, "The manager is lovely and always chats."
- People experienced good outcomes. For example, a healthcare professional told us, "People receive good care from good staff. I have seen how people's health improve and gain weight."

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

- In addition to day-to-day contact with people who used the service and residents/relative meetings, people and relatives could feedback regarding the service using an online form. The registered manager told us how open communication with people meant things were responded to quickly.
- Staff surveys, team meetings and supervisions were used to capture feedback from staff. One staff member told us, "Our opinions and views are always asked for and valued."
- The registered manager spent time with all staff and would regularly visit out of hours to ensure night staff felt as valued and included as the day staff.

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

- The registered manager had a clear understanding of their responsibilities and acted on the duty of candour. People told us they were kept informed of any changes in the home and around their care and support.

- The rating from the last inspection was on display in the home.

Continuous learning and improving care

- The registered manager and staff team had systems in place to learn from accidents, incidents and safeguarding concerns. This included any lessons learned from any of the provider's other homes.

Working in partnership with others

- Collaborative working with agencies and organisations was prioritised. The registered manager spoke highly of professional relationships the service had established with a range of professionals such as GP,s and district nurses.