

Runwood Homes Limited

Heron Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 1st February 2016 and was unannounced. The last inspection of this service took place on 7 May 2014 and at that time was meeting all the required standards inspected. The service provides care and accommodation for up to 35 people, some of whom are people living with dementia. On the day of our inspection there were 31 people living at the home.

There was a registered manager in place. 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 were safe as the service had comprehensive systems in place for monitoring and managing risks to promote people's health and wellbeing. There were suitable arrangements in place for medication to be stored and administered safely. There were sufficient numbers of staff with the relevant skills and knowledge to effectively meet people's needs. People were encouraged to exercise choice and control in their daily lives and were involved in making decisions about the care and support they received. Where people experienced difficulties with decision-making, they were supported appropriately in accordance with current legislation. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken. This ensured that any decisions taken on behalf of people were in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated codes of practice.

People were supported to maintain their health as had regular access to wide range of healthcare professionals. A choice of food and drink was available that reflected people's nutritional needs, and took into account their preferences and any health requirements.

Staff had good relationships with people and were attentive to their needs. People's privacy and dignity was respected at all times. People were treated with kindness and respect by staff who knew them well and who listened and respected their views and preferences.

People were encouraged to follow their interests including religious practices and beliefs and were supported to keep in contact with their family and friends. There was a strong management team who encouraged an open culture that listened to people and staff. Staff enjoyed working at the service and felt that they were included in the running of the service and that their views were valued. The management team had robust systems in place to ensure the quality and safety of the service and to drive improvements and respond appropriately to complaints and feedback.

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.

Staff understood their safeguarding responsibilities and knew how to recognise, respond and report abuse or any concerns they had about safe care practices.

The provider had robust systems in place to manage risks.

Safe recruitment practices were adhered to and staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Medicines were stored and administered safely by competent staff.

Is the service effective?

Good 

The service was effective.

Staff received effective support and training to provide them with the skills and knowledge required to carry out their roles and responsibilities.

The principles of the Mental Capacity Act were adhered to and Deprivation of Liberty Safeguards applications were appropriate to protect people's best interests.

Staff knew people well and understood how to provide appropriate support to meet their emotional & physical needs including nutrition and hydration.

People had access to healthcare professionals when they required them.

Is the service caring?

Good 

The service was caring.

Staff were kind and considerate in the way that they provided care and support

People were involved in decision-making around their care and support and felt listened to.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

Care plans were comprehensive and person-centred which enabled staff to provide care and support which reflected people's preferences, wishes and choices.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The registered manager was supportive of staff.

Robust systems for quality assurance were implemented to continuously drive improvement for the benefit of people who lived at the service.

Heron Court

Detailed findings

Background to this inspection

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

This inspection took place on 1st February 2016, it was unannounced and carried out by two inspectors. We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with nine people who used the service, the registered manager and six care staff. We also spoke with seven relatives that were visiting at the time of our inspection. We reviewed three people's care records, five medication administration records (MAR) and a selection of documents about how the service was managed. These included, three staff recruitment files, induction and training schedules and company policies and procedures.. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems

Is the service safe?

Our findings

People told us they felt safe. One person said, "They come quickly when I buzz." Another said, "I feel safe here, yes they check on me at night as well." A family member told us, "[Relative] is so much safer here than at home and well cared for as all the checks are in place for that".

Staff understood how to protect people from harm and were aware of the tell-tale signs that could alert them that someone was being abused. Staff knew how to report concerns and were confident that if they raised an alert the registered manager would deal with any safeguarding concerns quickly in order to keep people safe. We saw that the registered manager recorded and dealt with safeguarding issues, including notifying us of concerns in a timely fashion.

We saw there were systems in place to assess and manage risk and that people were involved in decisions around how risk was managed. The service had signed up to the 'Prosper' programme which was an initiative aimed at improving safety and reducing the risk of harm to vulnerable people. The benefits for people using the service were that their health and wellbeing was managed more safely through daily monitoring. Risks monitored included falls risks, risks to people's skin integrity i.e. pressure ulcers, risk related to eating and drinking and risks associated with urinary tract infections (UTIs) which could be particularly problematic to people living with dementia. Staff were trained to recognise the early signs of UTIs to support people to be treated early including the use of test sticks by staff and providing cranberry juice twice a week which can be helpful in preventing UTIs to those people identified at risk.

People were safe in the service as there were arrangements in place to manage and maintain the premises and equipment both internally and externally. Modifications had been made to the garden area, to provide raised flower beds so that people who were wheelchair users could access this area safely.

We saw that records relating to health and safety, maintenance, fire drills, accidents and incidents were all maintained and any necessary action identified was taken. The service had emergency evacuation plans in place that were up to date and included new admissions and people who were only temporarily using the service.

We observed that staff supported people to walk and move around the building safely, maintaining their independence through prompts and encouraging words whilst they were walking.

People and staff told us that there were sufficient staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. Safe recruitment processes were in place for the employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining a full employment history and checking that the member of staff was not prohibited from working with people who required care and support.

Medicines were given to people in a safe and appropriate way. We observed a senior member of staff

completing the medication round. The staff member was competent administering people's medicines and talked to people politely and respectfully, engaging them in conversation to put them at ease. Water was provided to support people to take their medicine in comfort and people were allowed enough time to take their medicines without being hurried. There were appropriate facilities to store medicines that required specific storage. Medicines were safely stored and administered from a lockable trolley. Records relating to medicines including the booking in and disposal of medicines were completed accurately. People's individual medicine administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines.

Is the service effective?

Our findings

People said the staff had the necessary knowledge and skills to support them. One person told us, "The staff here are very good, they know me, they know what I need."

We saw there was a structured induction programme for staff in preparation for their role. This included training in the necessary skills for the role, shadowing experienced staff and getting to know people's needs and how they liked them to be met. Staff told us they received the relevant training required to support the people they cared for effectively.

Management kept accurate records of staff training to ensure all training was up to date including first aid, moving and handling, fire safety, medication awareness, infection control, safeguarding, The Mental Capacity Act, dignity, human rights, equality and diversity and dementia awareness. Whilst the majority of training was provided on line, written tests were set and scores audited by the registered manager to assess staff knowledge and understanding and identify where additional support was required. In addition, practical training was provided for some elements of training such as first aid, fire safety and manual handling to ensure staff had the practical skills to support people safely and effectively. Furthermore, staff were given the opportunity to take on the role of "champion" in targeted areas such as 'diabetes' or 'pressure care' to support staff learning and development and promote awareness amongst staff of issues that were relevant to the needs of the people who used the service.

Regular supervision was provided to staff which was used as an opportunity to identify any learning needs to support professional development of staff for the benefit of people who used the service. Supervision was used pro-actively to highlight any issues around practice and work with staff to develop action plans to improve service provision. Regular appraisals were also completed to assess and monitor staff competency levels. As the majority of staff working at the service were people whose first language was not English, the service assisted staff to work towards level 2 qualifications in English and Maths to support good communication between staff and people who used the service.

The Mental Capacity Act (MCA) 2005 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that systems were in place to protect the rights of people who may lack capacity to make particular decisions and, where appropriate, decisions were made in a person's best interests in accordance with legislative requirements.

Records indicated that staff had received training in the Mental Capacity Act. However in discussions with staff they were not able to verbalise their understanding of the MCA legislation and guidance. Nonetheless, staff were able to demonstrate that they applied the principles of the act in practice through their interactions and behaviour with people which we observed throughout the inspection. For example we observed staff members asking people's permission before providing any care and support. Staff were able

to tell us how they supported people to make choices on a day to day basis such as choosing what they would like to wear or what they would like to eat and drink. A staff member told us, "I will offer people choices of what to wear by showing them the clothes, but not too many choices as that can be too confusing."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the manager had made appropriate DoLS referrals to the local authority where required to safeguard people whilst upholding their rights.

The service supported people to have enough to eat and drink to maintain their health and wellbeing. On the day of inspection we observed that people had access to hot and cold drinks of their choosing throughout the day. We saw that those people who stayed in their rooms had jugs of water within reach and their glasses were kept topped up.

We observed the lunch time meal for people which we were told was different to the usual experience. The service had organised a cold buffet with staff coming to work in non-uniform to celebrate the fact that it was 'Dignity Day'. However the response from people that used the service was not a positive one. People were not aware of the significance of the day and told us they did not enjoy the cold buffet. They found the experience of being served cold food such as sandwiches at lunchtime confusing as this was what they normally received at tea time.

This information was fed back to the registered manager who gave consideration to how future catering events could be improved upon. Nonetheless, people told us that generally they thought the food was very good. One person said, "Its excellent food here and I get plenty of it. I get extra portions if I ask, If you don't want what's on the menu they will make you something else." People told us there was a choice of food and that they were given a menu to choose from. For people who found making decisions difficult, staff were able to describe how they would support them at meal times. A staff member told us, "I show [person] different plates of food and look at their facial expression to try to work out what they would like to eat. If I get it wrong, they will usually find a way of telling me".

People's nutritional needs had been assessed and care plans reflected how their needs were to be met. Those identified at risk of malnutrition or dehydration had fluid and food charts and were regularly weighed. These records were monitored so that the staff knew that people were receiving sufficient nutrients to maintain their health. The care records we saw also showed the service worked effectively with other health and social care services to ensure people's healthcare needs were met with people having regular access to the GP, optician, dentist, chiropodist and district nurse as required. One family member said "[relative] is kept so well these days and is really thriving with the input from health people".

Is the service caring?

Our findings

People told us the staff were kind and caring. A relative said, "The girls are amazing they are always in [person's] room, singing to them. I'm so happy with their care, the staff are so nice to them." A member of staff told us, "I enjoy it here, it's nice to know you can care for people, nice to listen to their stories, nice to sing with them." We observed staff having a laugh and joke with people with appropriate use of touch to comfort people and demonstrate affection. One person said, "If I had to come here [to a care home] again, I would come to this one." "People know me here, everyone knows my name."

Staff interacted and communicated with people and their relatives in a friendly, gentle and polite way. They knew how to approach each person and did so in an individual way, talking with them about subjects that they were familiar with. Staff undertook tasks in a person centred way, giving time and space for people to enjoy whatever activity they were involved in.

People told us that they felt listened to and supported in the way they chose. We saw that their opinions were sought and their comments were acted upon. For example we saw a family's request for particular clothing for a person to sleep in to make them more comfortable. This was actioned without delay with the care plan amended to reflect the relative's wishes.

Care plans were reviewed regularly with people and their family members/representatives were included in the process. Records showed people had been consulted about how they wished their care to be provided. The management team had undertaken work to ensure each person's care plan was personalised and included people's wishes and preferences.

People told us they were treated with dignity and respect. We saw that prior to staff entering people's rooms they knocked on the door and waited for a response, even when the door was open. Staff greeted people politely and used their preferred names so that they were aware they were being spoken to. Staff supported people who were hard of hearing by speaking slowly and clearly and standing face to face so they could hear them better.

Staff asked people discreetly if they needed to use the toilet and assisted them in their own time and in their own way. One person said, "If I have an accident, they just say, "Oh it doesn't matter", and this makes me feel better about it as it's not nice."

Staff understood the importance of dignity and privacy and how important this was to people's human rights. People could be themselves at Heron Court. A family member said, "The staff are so kind, they talk to people like they are people, not old people and that is what makes this a nice home."

People's preferences and choices for their end of life care were recorded. We saw that discussions had taken place with people and their families in relation to making important decisions such as whether they wanted to be actively resuscitated in the event of a cardiac arrest. We saw that a 'Do Not Actively Resuscitate (DNARCPR) orders had been completed appropriately in people's care files. We also saw that some people

had completed preferred priorities of care forms which provided people with the opportunity to share information with those who supported for them how and where they would like to be cared for in the last days of their lives.

Is the service responsive?

Our findings

People told us that the staff responded to them in meeting their needs. One person said, "When I ask for something, it is no trouble for them to help me." One family member said, "[Relative] spends a lot of time in their room now but I know that staff respond to their calls and come and chat with them often so they are not alone."

People who used the service and/or their relatives contributed to their assessment and planning of care. People had signed to say they were happy with their involvement. Where people could not make decisions on their own or without support, we saw that they had a representative and/or Lasting Power of Attorney (LPA) in place to protect their rights and to allow their chosen representative to make decisions on their behalf.

Care records contained detailed information about people's physical, emotional and mental health, social care needs and any associated risks to their health and well-being. These needs had been assessed and care plans were developed to meet them. Also included was a comprehensive life history that detailed people's life experience, including past work, hobbies and interests, preferences, likes and dislikes and routines. This information supported staff to provide personalised care that was tailored to people's individual needs. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these were met.

Prior to moving to the service we saw that the service completed a comprehensive pre-assessment. This provided detailed information regarding people's preferences around such things as food and drink, interests, activities and daily routines for example whether people preferred a bath or a shower, how people liked their rooms arranged for bed-time e.g. curtains drawn or open and how many pillows people liked to sleep on. This information provided the basis of the care plan where risks were identified and appropriate assessments completed.

In our discussions with staff, it was clear that staff knew people well as they were able to tell us about the people they cared for. One staff member told us, "[person] used to work in an office. When they retired they loved gardening. We take them out in the garden in nice weather so they can plant vegetables." – We saw that some people preferred to stay in their rooms and they told us this was their choice. One person said, "I do what I want to, I get up when I want." Staff knew people's preferences and knew how to support people in their preferred way. For example, people had a choice of the gender of the staff providing personal care to them and they told us this was respected. One person said, "Yes I prefer [staff members] to help me in the shower as it makes me less embarrassed."

The service supported people to engage in activities that were important to them including religious practices and beliefs. Arrangements were in place so that representatives of different faiths visited the service to meet people's spiritual needs. The service provided regular opportunities for people to have their hair and nails attended to as the hairdresser visited once a week or by appointment. A range of activities were organised including quizzes, Jenga, reading stories, reminiscence groups, crafting pumpkins and

individual one to one time with people. We saw events had been organised where individual cultures were celebrated such as 'German Day' with memorabilia and appropriate food laid on for people to enjoy. One staff member was acting as an activities coordinator part time whilst an advertisement for a full time coordinator was being filled. One person said, "I like the talks about the past, but it does make me feel old."

The service operated a clear complaints procedure for recording and responding to concerns. People told us that they could speak to any of the staff or the registered manager if they had a complaint to make and were encouraged to speak up about any aspects of the service they were unhappy about.

The registered manager told us that they had received and dealt with three complaints from people who used the service since April 2015. These related to no salt or pepper on the table, missing clothing and noise from bedrooms. Verbal complaints were also written down and there was a record of the action taken. Any dissatisfaction with the service was discussed with people and their families at the three monthly review meetings. This aided the resolution of problems and concerns to ensure the service was meeting people's needs and expectations.

People and their families told us, "We don't have any complaints at all, all is lovely." "I always get asked if I am happy with the home and what they do for me." "If I thought anything was wrong, I know I would get a good response from them and things would be changed."

Is the service well-led?

Our findings

The service had a clear vision and philosophy and we saw this put into practice. Their aim as set out in their statement of purpose highlighted the importance of putting service users at the heart of all that they do, listening to people, working in partnership with external agencies, maintaining a caring homely environment to promote wellbeing and provide a home for life.

People who used the service and relatives told us that the service had a very open culture, where feedback was positively encouraged. One relative said, "We can't fault the service, we always have a wonderful welcome, the paper work is efficiently completed, we get offered lunch and the manager and staff run it like a hotel. It is a great place for [relative] to be."

The service had maintained good links with the community. The local junior schools and a variety of singers provided entertainment for everyone which people said, "Made a nice change, to see the youngsters." As well as visits to local garden centres and pubs, the Rotary and Round Table charity invited people who wanted to go out to lunch to a restaurant which people enjoyed.

There was a well-established management team consisting of the registered manager who was supported by a deputy, a senior care worker, and an administrator. A consistent team of care staff, housekeeping, and a part-time maintenance person supported the provision of a quality service. The team had on-going support and involvement from the provider. The management team were very visible and 'hands on' around the service. They knew everyone by name and their background history and current needs and circumstances. They had established good working patterns and had clear expectations of how the service was run and delivered.

Staff told us the Manager was supportive and that they felt listened to. One staff member said, "I like working here, we have a good manager if I have a problem she listens to me she is there for me professionally and personally" – "she has supported me through some difficult times."

Meetings with people who used the service and their relatives were held monthly. Their views and opinions were valued and changes were made as a result. The notes taken of the meeting in November 2015 recorded people's ideas about food choices, the environment, activities and their care. For example, a person had requested more cake to be available. On the day of our inspection we saw cake was available which people chose and enjoyed.

Satisfaction surveys were undertaken to seek the views of people who used the service and their relatives. The most recent survey on 29 January 2016 showed a very positive outcome. People spoke very highly of the care as being 'very good' and overall people said that information was provided on admission, that the environment was good, and there was a good caring approach. Comments included, "Fantastic home" and "Caring staff, always willing." On the catering survey, two people had requested 'steak and chips' but these dishes had not been added into the new menu which had been developed. The manager agreed that these dishes would be offered as part of the development of a 'fine dining experience' offered to people who used

the service.

Written feedback in November 2015 from professionals about the service included positive comments about the high standard of hygiene at the service and compliments about its leadership.

The registered manager, supported by the staff which included the maintenance person, undertook audits which included care plans and risk assessments, food safety, health and safety of the premises and equipment, evacuation and fire drills on a weekly and monthly basis. Checks on the competency of staff to carry out their duties such as the administering of medicines were completed so that people were kept safe. The registered manager measured and reviewed the delivery of care and used current guidance to inform good practice.

People could be confident that information discussed about them and held by the service was kept confidential. Care plans were available to the staff and were put away after use so that they were not left on display.

The staff team, combined with robust records and quality assurance systems ensured that the service was well led and that improvements in the service were a continuous process.