

Runwood Homes Limited

Eastham

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Easthams is a care home providing personal care and accommodation for up to 25 people. On the day of inspection, 23 people were using the service. The service does not provide nursing care.

People's experience of using this service:

People's experience of the service was very positive. There were a range of innovative activities provided, which developed people's interests. Diversity was actively celebrated. People's care plans were detailed and accurate, ensuring staff consistently knew how to support people. People and their relatives told us they knew how to complain, and any complaints received were used to improve the service. We saw positive feedback from people's relatives regarding end of life care, and the registered manager told us they supported people to remain at the service if that was their wish.

People said they felt safe at the service. Risks to people were assessed and staff knew what to do to keep people safe. People got their medicines correctly and at the right time. Good infection control practices were in place. There were sufficient staff who had been safely recruited. Staff had been trained in safeguarding and knew the signs to look for that people might be being abused and how to report any concerns.

Staff enjoyed working at the service and told us they were well supported. People were supported to have enough to eat and drink which met their needs and preferences. People's healthcare needs were met in a timely way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and knew people well. People were included in decisions around their care and support. People's privacy and dignity was respected, and staff encouraged people's independence. The service helped people maintain important relationships and visitors were made welcome at the service.

The service was well-led by a visible and approachable registered manager who was well thought of by the staff team. The service engaged with people and staff to include them in how the service was run. Feedback was invited and acted upon. Quality assurance audits were in place to monitor the safety and quality of the service and drive improvement. The provider had good oversight of the service.

Rating at last inspection: Good. (Last report published 26 July 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service.

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 remained good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our Well led findings below.

Eastham

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of three inspectors.

Service and service type

Eastham's 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 was an unannounced inspection.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse. The provider was asked to complete a provider information return prior to the 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 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 9 people and 6 relatives, the registered manager, the regional manager, 3 other members of the care staff team and one healthcare professional who worked in partnership with the service. We looked at two people's care records including their medication records and daily notes. We looked at two staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Eastham's. One person told us, "I feel very safe."
- Staff had received training in how to protect people from the risk of abuse and understood how to recognise the signs of abuse and report concerns. One staff member said. "There are lots of signs, withdrawal, change of appetite, marks on skin, emotional changes. I would report it immediately to my senior and make sure they followed it up and document it."
- The registered manager had raised and investigated safeguarding concerns appropriately and notified the relevant authorities.
- There was a whistle-blowing policy in place which provides information to staff on how to report concerns about poor practice within the workplace.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed and were regularly reviewed. Guidance was in place for staff on how to manage risks and staff we spoke with demonstrated they knew the risks to people and what to do to keep people safe.
- People's risk of choking had been assessed and the service had purchased a specialist piece of equipment, easily accessible to staff, which could be used to remove objects lodged in the throat in event of an emergency.
- Staff had a verbal handover at every shift change where information on people's changing needs was shared including any risks.
- Falls were monitored and analysed and preventative measures put in place to minimise future risk of harm, for example, the provision of sensor mats to alert staff when people stood up unaided.
- The home environment was well maintained. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- Staff told us there were enough of them available and any absences were effectively covered. We observed there were enough staff on shift to meet people's needs.
- People told us staff responded to them quickly. One person said. "The staff manage very well and there is enough when you want them."
- Safe recruitment processes were followed to check staff were suitable for the role. This included taking up satisfactory references, exploring any gaps in employment history and completing check with the disclosure and barring service (DBS). The DBS provides a means of checking that potential staff are suitable to work with vulnerable adults.

- Staffing numbers were reviewed depending on people's needs. A dependency tool was used to enable the registered manager to determine each person's care needs and staff required to meet these safely.

Managing medicines safely

- People received their medicines safely. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Some people were prescribed 'as required' medicines for pain relief. There were protocols in place detailing the circumstances in which these medicines should be used.
- Robust systems were in place to audit the medicine process. These checks showed that medicines management was routinely well managed.
- People's medicine administration records (MAR) were filled out appropriately with no gaps indicating people were receiving their medicines as prescribed.

Preventing and controlling infection

- Infection control audits were in place and comprehensive. The service was clean and smelled fresh. One relative said, "[Name] is incontinent, but you don't smell a thing. That takes some work to organise. It's so clean I would give them a gold cup if I could."
- We observed domestic staff working throughout the day to ensure the premises were clean and smelled fresh.
- Staff received training in infection control to ensure people were protected from the risk of the spread of infection. Staff had access to aprons and gloves to use when necessary and we observed good infection control practices.
- The home had received an Environmental Health Office (EHO) food hygiene rating of 5.

Learning lessons when things go wrong

- Accidents and incidents were monitored and appropriate actions were in place to minimise the risk of re-occurrence. It was evident that learning was completed when a concern or incident had occurred, this information was used to drive continuous improvement. For example, the governance system routinely reviewed the number of falls, number of deaths, staffing levels, any unexpected deaths, or choking or medicine errors. The regional manager then carried out an investigation. No serious incidents had occurred.
- The registered manager had been working with the local authority as part of the Prosper project. This aims to improve the safety culture within care homes, by reducing the rates of falls, pressure ulcers and urinary tract infections.

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 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 physical, psychological and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were also considered. For example, people were asked about any religious or cultural needs so these could be met. If people had a preference for male or female staff this was known and respected.

Staff support: induction, training, skills and experience

- New staff completed an induction which included spending time shadowing other experienced staff to learn about people and their needs and reading the homes policies and procedures.
- All staff were required to complete mandatory training as part of their induction in a range of subjects including infection control, health and safety, fire safety and moving and positioning people. Staff training had a 98% completion rate.
- Additional specialist training was organised to meet the individual needs of people who used the service. An external trainer had feedback about the service, they said, "An extremely well managed care home with really good pro-active staff. The staff came across as passionate about their job roles and the standard of care being given."
- Staff received regular one to one supervision, observations of practice and appraisals. This provided a means of monitoring staff performance and identifying any learning needs and staff goals.
- Staff felt supported in their roles and told us they could speak to the registered manager if they had any issues.

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

- Staff were creative when encouraging people to try new food and create alternative meal time ideas. One person explained, "We are doing round the world doing different dishes for different countries. Yesterday we were sitting round organising menus with residents and relatives."
- People were provided with food and drink that met their needs and preferences. People told us the food was of very good quality. A person told us, "We get a choice of two things for lunch and the food is very good."
- Relatives confirmed their family members had access to good quality food and support to eat. A relative said, "The food is most definitely appetising. Twice I have stayed for a meal. The food is amazing."
- Catering surveys were carried out on a regular basis, which frequently reviewed people's preferences, and suggestions relating to meal times.
- People had access to hot and cold drinks throughout the day, which included snack stations which were left within reach.

- We observed the midday meal, this was not rushed but seemed a relaxed and social time for people, people enjoyed their meals.

Staff wore aprons and gloves when handling food and provided assistance to people who needed it to help them to eat and drink.

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

- Staff worked with health care professionals to support people's health and wellbeing, such as speech and language therapy, GP and district nurses. A Visiting health professional told us, "The staff always carry out our instructions. The staff are very welcoming and friendly, nothing is too much trouble. They have activities outings which are regular, and I have honestly no concerns. From the management right down all the staff are really lovely."
- We saw people were supported to regularly access health professionals such as the chiropodist, optician and GP.
- People had oral health care plans. The registered manager had contacted the community dentist to support the oral health of people who could not venture out of the service. Toothbrush Tuesdays had recently been introduced to encourage staff to review the condition of people's toothbrushes and replace them if needed. One staff member said, "We done on line training in this. As keyworker we make sure they have nice toothbrush always have toothpaste, dentures soaked overnight in clean cups and that they drink plenty."
- Relatives told us the service was good at communicating changes in people's health needs and seeking appropriate treatment and advice. A relative told us, "We are always kept informed of everything."

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

- The service was clean and in good decorative order and the design of the building met the needs of the people who lived there.
- Some furniture needed to be replaced and some wires were visible in the lounge upstairs. We saw an action plan was in place which indicated that new furniture had been ordered, and a piece of equipment ordered to tidy away loose cables.

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 with appropriate legal authority. 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 it was identified people were being deprived of their liberty, DoLS applications had been made to the local authority.
- When required, mental capacity assessments had been completed which were decision specific.
- People had signed to indicate their consent to their care plans and staff sought their permission before providing care and support. One staff member said, "We always give a choice. Sometimes if they struggle to make a choice. For example, some people cannot communicate, so we show them and they can choose

that way."

- Staff had received training in the MCA and DoLS and were able to describe how they supported people to make decisions for themselves.

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 key question has remained the same. 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 and relatives described the staff as being extremely compassionate and kind. One relative said, "When [Name] knew they wanted to stay. They held a celebratory dinner to welcome them it is little touches to keep them human it is all these extra touches that make people in a home feel worthy and not just in the home and forgotten. They are really happy. They was dancing with the manager the other week."
- People and their relatives spoke highly of the staff. One person said, "The staff are polite approachable and lots of fun." We observed staff being kind and compassionate towards people.

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

- Throughout the inspection we saw staff involving people in decisions about their care by asking people what they wanted to do rather than telling them. Relatives feedback supported our observations.
- People and their relatives told us communication was good and they had been involved in care planning. One relative said, "[Name] has Parkinson's and their needs are changeable. The staff are really good and really know how to manage this."

Respecting and promoting people's privacy, dignity and independence

- People told us the care they received supported them to become more independent. One relative told us how impressed they had been with how well their relative was now walking and could mobilising much quicker.. This person added, "I don't need the grab rails any more as the girls have helped me."
- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service any time. A relative told us, The way they look after individuals is excellent, its not just a job to them, you can tell. Its good to see. They treat me reasonably well. I am always made welcome I wander in and out, its like part of my house. I would recommend the service to others and have done.
- We observed staff actively comforting people. For example, one person was walking up and down calling for mum. The Staff reassured and comforted them and distracted them until they were ok.
- Staff understood the importance of respecting people's privacy and dignity. Staff knocked before entering people's rooms and called people by their preferred names. Feedback from people and relatives confirmed staff treated people with dignity and respect. A relative had thanked the staff and said, "Despite [name's] dementia you treated them as the wonderful person they were and helped maintain their dignity to the end. I will always speak very highly of Eastham's. Your patience and kind treatment to all of your residents."
- People's strengths and abilities were identified in their care plan so their independence could be supported and encouraged. Staff understood the importance of promoting people's independence. One person said, "I have a shower every morning and I get up when I want."

Is the service responsive?

Our findings

At our last inspection the service had been rated Good in the responsive domain. At this inspection, the rating remained the same. Staff had built on their previous achievements and were exceptionally responsive to people's needs.

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

- Staff and the registered manager spoke with pride about the people who lived at the service, and their achievements since the last inspection.
- There was a range of interesting and innovative activities on offer at the service, which were uniquely catered to people's needs. The registered manager had been creative in the way they had used people's life histories to connect them with the community. For example, the staff were skilled at 'getting into people's worlds' for those who had dementia. One person thought they had been a singer at the Royal Albert Hall, so, staff went along with this. The registered manager contacted the Royal Albert Hall, and the person got a letter back and a box of memorabilia to do with the Albert Hall and a mascot holding the baton.
- Regular reviews of people's care were undertaken where people and their relatives could have input into how their care and support was provided.
- Many staff had worked at the service for a long time and knew people well. People told us their routines and preferences were known and respected. For example, people could get up and go to bed when they chose and have baths or showers when they wanted.
- Strong links had been developed with the local school. Students supported the service, as part of their Duke of Edinburgh award. The registered manager explained, "We asked the pupils what they were interested in, so we paired them up with people with similar interests."
- People were had developed relationships with pupils and teachers from the local school. For example, teachers and pupils from the local school had taken part in a wheelchair relay race, and a local company had donated a trophy.
- People from the local community had donated Christmas presents to the home. They said, "We do this because it brightens our Christmas and I love hearing their stories, I am so thankful to them for making this country great and the sacrifices many have made in order to do so. The joy on people's face when you hand them a gift from the local community is priceless."
- The way the registered manager involved and engaged relatives and the local community was exceptional. For example, one relative had been strongly involved with the service, and had been shortlisted for a local award. This relative had become part of the daily life at Eastham. They had helped fix items, supplied items for the home and garden, assisted on outings and carried out boat and fishing trips.

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, their relatives and staff all spoke with enthusiasm about the activities on offer, and what people were able to achieve whilst living at Easthams.
- People received care and support from staff who knew them well. Feedback from people and relatives showed staff were providing effective care and support. A relative told us, "I brought [Name] in the Monday

and by Thursday they were dressed and had their hair done. I hadn't seen them dressed for years. I looked and said that's not [Name]. Wow."

- The service continued to have a focus on people's individual social wellbeing. There were opportunities for socialisation in the community to add to people's quality of life.
- There were many photographs around the service of parties, entertainment and general outings that people had taken part in. A range of activities were on offer, such as picnics, trips to garden centres, pub, local museums and the zoo. Seasonal themed activities were also offered, such as fetes, clothing parties seasonal and birthday celebrations, a garden party, golden music sessions, gardening, dressing up, making Christmas cake, and pickling cabbage."
- The atmosphere within the service was friendly and laughter and chatting could be heard throughout the day. People we spoke with told us they could join in with the organised activities if they wanted to.
- The service recognised meaningful interactions and had introduced a way of working called 'Tools Down at 11.' This required all staff to stop what they were doing and spend half an hour chatting or engaging in activities with people.
- Consideration had been given to people who stayed in bed to prevent social isolation A engagement system called 'forget me not' was kept by people's bedsides and staff wrote in the book when they spent time with the person in a meaningful way.

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 recorded in their care plan.
- Information about the service such as the activities programme was displayed publicly on a notice board. Consideration had been given to activities so that people with a communication barrier could participate. For example, extra-large playing cards were available. One relative said, "The activities they have here are amazing, they play card's with massive cards, so they can see the numbers."
- One person needed greater assistance to hear, so super ear head phones were used. These amplified the sound, making it easier for the person to communicate. The registered manager explained, "[Name] would sit with hands over their ears or wear ear muffs. We tried super ear headphones and they came to life. Since then we have found things out about their past and their appetite has really improved."

Improving care quality in response to complaints or concerns

- The service continued to have effective systems in place for people to use if they had a concern or were not happy with the service provided to them. A complaint log was also in place, so management could identify any trends or reoccurring issue. Complaints had been monitored as part of the monthly audit. Management were seen to be approachable and they listened to people's experiences, concerns or complaints.
- People had been provided with information on how to make a complaint and this was also available within the service. People told us they were happy with the service and had no concerns.

End of life care and support

- People had end of life care plans if required and people's preferences for their end of life care and been explored and documented if this was their wish.
- Thought had been given on how to compassionately provide care and support to people and their

families when people were dying. For example, the service made up 'end of life baskets' for people. In consultation with people's families, these were filled with things the person might like such as particular music, or items of comfort.

- Compliment cards sent in from people's relatives showed that people received caring and compassionate end of life care and support. One relative had written, "We could never have found a better place for [Name] to spend their final years. Thank you so much for all that you have done."

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

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

- Staff were valued and appreciated which contributed towards a positive culture within the service. Compliments received from people and relatives were shared with staff at meetings to thank staff and let them know they were doing a good job.
- Staff enjoyed working at the service and were positive about the management team. A staff member told us, "The Registered Manager is nice, supportive and approachable. They will roll their sleeves up. The other day we didn't have a domestic, so they did the domestic role."
- The registered manager and care team leaders were 'hands-on' working at the service, covering staff sickness, including working weekends. This meant they were visible and accessible to people and staff. Consequently, staff found the management team accessible and approachable. A staff member said, "I personally feel that I am supported. [Name of manager] has always helped me, calms me down and reassures me. They are supportive with my personal life as well."

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 provider understood their responsibility under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member was involved in an accident or incident or became unwell.
- Throughout the inspection, we found the registered manager and provider to be open and transparent. Requests for information were responded to positively and the information was provided in timely manner.

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

- Everyone spoke exceptionally highly of the registered manager, one relative said, "Nothing you say or do is a problem, they are lovely people. We have struck lucky with this place. It deserves an absolute gold star. It's amazing, anything relative says get on with it and that's what it's all about. This should be the highest. Good is not good enough, that would be detrimental to the work they put in here."
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.
- There was a clear management structure in place and staff at all levels understood their roles and responsibilities.
- Regular audits were completed by the management team including the regional manager who completed

their own monthly compliance inspection to monitor the safety and quality of the service. This ensured oversight of the service at provider level.

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

- Residents meetings were organised, and satisfaction surveys were sent out to involve people in the service and ask for their feedback to drive improvements. We saw evidence that people's views were listened to and acted upon. For example, one person wanted fresh toast so asked to have a toaster available on the ground floor, so they could make it themselves and this was then provided.
- Staff meetings were held regularly. These were used to reinforce good practice and provide staff with opportunities to be involved in the running of the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager showed a commitment to continuous learning and had signed up for various courses aimed at improving the safety and quality of care within the service.
- The service was currently working with their local authority to re-introduce 'Prosper' to the home in a more meaningful way. Prosper is an initiative aimed at monitoring and reducing the incidents of falls, pressure ulcers and urinary tract infections in care homes.