

## Runwood Homes Limited

# Evelyn May House

### 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 

### Overall summary

The inspection took place on the 21 January 2015.

Evelyn May is one of a number of services owned by Runwood Homes Limited. The service provides care and accommodation for up to 59 people who need assistance with personal care and may have care needs associated with living with dementia.

The service had 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.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. People were kept safe and risk assessments had been completed to show how people

# Summary of findings

were supported with every day risks. People's medication was well managed and the service had systems in place to help ensure people received their medication as prescribed.

Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported to carry out their work and had received regular supervision and training.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They told us that the food was good and said that they were able to choose alternatives if they were not happy with the choices offered on the menus.

People were supported to maintain good healthcare. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The service kept clear records about all healthcare visits.

People had agreed to their care and that they had been asked how they would like this to be provided. They were treated with dignity and respect and staff provided care in a kind, caring and sensitive manner. Detailed assessments had been carried out and care plans were developed around the individual's needs and preferences.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. The registered manager had a good understanding of MCA and DoLS and appropriate documentation had been completed. Mental capacity assessments had been carried out where people were not able to make decisions for themselves. People had agreed to their care.

People knew how to complain. The service had a clear complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response. We saw that complaints had been recorded and any lessons learned from them had been actioned.

The service had an effective quality assurance system. Meetings had been held for the people living at the service and for the staff. People felt listened to and that their views and opinions had been sought and the service had made appropriate improvements.

# Summary of findings

## 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.

The provider had systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. People and their relatives told us this was a very good service and that it was a safe place to live.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times, to meet the needs of the people who used the service.

Good



### Is the service effective?

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

Good



### Is the service caring?

This service was caring.

Staff provided care and support that is tailored to their individual needs and preferences.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Good



### Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Good



### Is the service well-led?

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Good



# Evelyn May House

## 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.

The inspection was unannounced and took place on the 21 January 2015.

The inspection team consisted of two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned within the set timespan. We also reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used all this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with 14 people who used the service, three visiting relatives, the registered manager, administrator and eight members of the care staff. Healthcare professionals were approached for comments about the service and their comments have been included.

Not everyone who used the service were able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal areas and also the dining room. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who are unable to talk to us.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two newly recruited staff members and their induction records. We also looked at their staff support records.

We reviewed the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and supervision records.

# Is the service safe?

## Our findings

People told us that they felt safe living in the home. Comments included, “I do feel safe here and secure, I know the staff would help me if I needed help and I call them if I need them,” and, “I feel safe here, the staff are never far away and if I press my call bell they always come to see what I need.”

Staff knew how to protect people from abuse and avoidable harm and had completed training. Staff were able to express how they would recognise abuse and report any concerns. They were also aware of the whistle blowing procedure and described who they would take any concerns to. The service had policies and procedures in place and these were there to help guide staff’s practice and to give them a better understanding. One said, “If I have any safeguarding concerns, or any concerns at all about any of our service users, I will record my concerns and tell the manager straight away”. Another member of staff said, “If I am worried about anyone here I tell the person in charge or the manager, I also record in writing what I have found and the action I took.” This showed that staff were aware of the systems in place and these would help to protect the people living at the service.

People had been appropriately assessed for risks and these had been managed and reviewed each month. Care plans assessed a variety of risks to people including falls and risks related to people maintaining their independence. We saw that where risks had been identified, care staff managed these without restricting people’s choice and independence. People had been had also been part of the risk assessment process where possible.

People lived in a safe environment as appropriate monitoring and maintenance of the premises and equipment was on-going. All relevant safety and monitoring checks were in place and certificates relating to gas, electricity and fire safety were in date. Hoists and lifting equipment had been regularly checked and serviced. Decorating and maintenance of the premises had been regularly completed and the home was safe and well maintained.

The service had sufficient qualified staff to meet people’s needs and to a good standard. There were systems in place

to help the manager monitor dependency levels and help assess the number of staff needed to provide people’s care and help keep people safe. The manager told us that the service had the option of increasing the staffing in response to a particular circumstance, such as a change in someone’s needs. Comments from staff regarding staffing levels included, “I think there are enough staff here at the moment and I think we work well together in supporting people,” and, “I’m happy in my work and I think we are a good team which helps us to get our job done.”

People and their relatives told us they thought there was enough staff. People were well supported and we saw good examples where people were provided with care quickly when requested. One visitor said, “There always seem to be staff close by and I feel that my friend is safe and secure here”. Other comments included, “Staff are always around, they look after us,” and, “The staff are pretty good here and always available, they are helpful to me.”

Staff employed at the service had been through a thorough recruitment process before they started work. Permanent and agency staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions which would exclude them from working in this setting. We looked at two recruitment files and found that all appropriate checks had taken place before staff were employed. Speaking with a recently recruited staff member they confirmed that safe recruitment processes were in place. They said; “Yes the recruitment here is done properly, I had to come for interview and I was shown around and met the people, I had to give two referees and also prove who I was and they did a criminal record check before I could start.”

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and help in keeping people safe.

People received their medicines safely and as prescribed. Only senior staff administered medicines to people and they had training and regular competency checks to ensure that their understanding and practice relating to the management of medicines was current. Medicines were stored, administered and disposed off in line with current guidance and regulations and regular medication audits had taken place.

# Is the service effective?

## Our findings

People received effective care and those spoken with told us that staff met their needs and that they were happy with the care provided. Staff interacted with people in a kind, caring and sensitive manner.

Staff had the skills to meet people's individual needs. They communicated and interacted well with people and provided help and support where needed. People and their relatives told us they thought the staff were trained to meet their family member's needs.

Staff had been provided with initial and on-going training and support to help ensure they had the knowledge and skills to carry out their roles and responsibilities as a care worker. The staff spoken with confirmed that their training was up to date and many had also completed a recognised qualification in care. Comments included, "My training is kept up to date and I think it covers the areas needed for the people I support," and, "I get on-going training, which helps me to meet the needs of the people who live here".

Newly recruited staff had completed an induction which included information about the running of the home and guidance on how to meet the needs of the people using the service. Those staff we spoke with said the induction was very good and had provided them with the knowledge they required.

Staff had been well supported in their role as care workers. Staff had received regular support through one to one sessions, meetings and appraisals. Staff confirmed that these sessions were a good time to cover 'any areas of concern' and their comments included, "My line manager is very supportive, I get one to ones about every 3 months, which is useful for discussing things about my work and training," and, "Team meetings are held here and they are a good time to discuss things with other staff".

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

All staff we spoke with demonstrated an awareness of the MCA and DoLS and how this helped to keep people safe and protected their rights. All had received training in the MCA and we saw that staff sought people's consent before care and support was provided.

People told us that they had agreed to the service providing their care and support. Files contained documentation to assess people's capacity and identify what day to day decisions they may need help with. This showed that the service had up to date information about protecting people's rights and freedoms. It was noted that the care plan documentation had recently been changed and the section on gaining consent for care had not always been routinely completed. This was brought to the managers attention who stated that this would be actioned.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Comments about the food included, "The food is very good and I get enough to eat," and, "I think the food is ok, If I don't like what is on the menu the chef will always get me something else, it's a good portion." Jugs of juice were available and hot drinks and biscuits were made available throughout the day.

Menu boards showed that there was a varied menu and that people were offered choice and a healthy balanced diet. People were encouraged to be independent with eating, but where needed staff were observed offering support and assistance.

People's nutritional requirements had been assessed and recorded. Where a risk had been identified there was nutrition and weight charts in place to enable staff to monitor people's nutritional needs and ensure people received the support required. Where they required assistance from a nutritionist or health care professional this had been sought.

People had been supported to maintain good health and had access to healthcare services and received on-going support. Referrals had been made to other health care professionals when needed and this showed that staff tried to maintain people's health whilst living at the service.

# Is the service caring?

## Our findings

People we spoke with were happy with the care and support they received and that they were treated with dignity and respect. They were complimentary about the staff and comments included, “The staff are respectful to me, they knock when they want to come into my room and they close the door when they are helping me,” and, “The staff here respect my wishes, if I press my buzzer they come to see what I need.” One health care professional stated, “The staff are dedicated, caring and polite toward the residents and visitors alike,” and, one staff member spoken with stated, “We get regular update training and I think this helps us in caring for the people.”

Staff interacted with everyone and ensured that those who were unable to express their wishes were included in the conversations and activities were possible. Staff displayed appropriate awareness of people's day to day care needs and understood the support each person required to meet their needs and keep them safe. Interaction observed between people and staff was friendly, kind and patient. We saw that people looked relaxed and at ease, staff spoke to people in a friendly and attentive manner and showed patience and understanding. Staff knew the people they were looking after well and we heard them addressing them in an appropriate manner. One person confirmed that staff respected their privacy and added, “The staff always shut my room door and are very good at respecting my privacy.”

Staff responded quickly to people's needs and they were kind and caring in their approach. We noticed that staff regularly engaged with people and that people responded in a positive way. Comments received showed that people felt the staff provided the support they needed and these included, “The staff here are lovely I can't fault anything,” and, “The staff look after me, they are always helpful to me.”

Visitors spoken with told us, “The staff are very attentive, they will sit and chat with people and I can't fault the care here.” Others comments included, “The staff here are friendly and patient,” and, “I would come here myself, they give very good care here.”

People had the opportunity to express their views about their care and support and the service. Regular meetings had taken place with people and this provided them with an opportunity to be able to discuss their likes and dislikes. Minutes of these meetings showed that people had had an opportunity to feedback regarding the care they received and also the running of the service with regard to food, activities, staffing and the environment.

Families had been involved in their relative's care and it was confirmed that they were kept informed of any changes. Where people did not have any family or friends to support them, the service provided information about local advocacy services who could offer advice, support and guidance to individuals if they need assistance.



# Is the service responsive?

## Our findings

People felt that the staff were responsive to their needs and added that they received the care they needed. Comments received from people included, "We have pretty good staff here," and, "The staff treat me fine and I see that they treat the other people here well. They offer choices to us and check if there's anything we need." Comments from staff included, "I think that we get on well as a team and support each other to meet peoples needs," and, "Our manager always listens to our views about peoples needs. They are very approachable and support us well."

People's care needs had been fully assessed before moving into the home, which helped to ensure the service was able to meet their needs. The care plans we reviewed contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. The assessment forms on the files were easy to read and quickly helped to identify each person's needs and would assist the staff to identify what support was needed. Any care needs due to the person's diversity had also been recorded. When speaking with staff they were aware of people's dietary, cultural or mobility needs. People received the care they needed. Care plans had been reviewed regularly and updated when changes were needed.

People had been involved in producing their care plans and 'family trees', which included information about the individual's past and included their interests, hobbies and the history of their families. Another document that had been produced was called 'My day.' This had been completed with the individual and their care worker and identified things that may be important to each person and what care needed to be in place, which assisted staff in trying to provide people with person centred care. One person said, "The manager speaks to me about why I'm here and what I do while I stay here."

People were supported to follow their interests and take part in social activities. Trips out and regular daily activities had been organised. On the day of our visit we saw staff sitting with people chatting about their interests, backgrounds and lives before they moved into a care setting. Some people chose to take part in the activities led by the service's activities coordinator, whilst others were reading, watching television or doing drawing in the lounge. Some people we spoke with told us they preferred

to stay in their room and watch television, but added that they knew that they could join in with the organised activities if they wished, which showed that people's individual choices and preferences were respected.

There were different themed areas to help support people living with dementia and lots of pictures around the hallways, where they could stop and spend time. The service had a café area which was set out as a relaxing old fashioned tea room and was a nice place for people to use when receiving visitors. A tea and cake morning had been arranged for people to attend.

People found the staff and management approachable and felt they were able to raise any concerns they may have. Comments included, "I would not have a problem in making a complaint, but everything is ok for me here," and, "The staff ask if I'm alright, they support me properly, I have nothing to complain about, but of course I would complain if I had to." Visitors also knew who to complain to and one person added, "I know about the complaints procedure but I've never needed to make a complaint."

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Staff knew about the service's complaints procedure and that if anyone complained to them they would notify the person in charge. Where complaints had been received and there was a good record that these had been investigated and appropriate action taken. Senior management in the organisation also monitored complaints so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

There were a number of ways the service encouraged relatives and friends to give feedback and these also provided people with the opportunity to raise any concerns. Regular meetings took place with relatives and friends and there was also a suggestion box in the foyer for people to use. The manager had a surgery each week and had arranged one outside of normal working hours, so people had an opportunity to attend.

Compliments the service had recently received included, "We would like to say thank you for all the kindness and dedication you have shown not just to [person's name], but



## Is the service responsive?

to also us as a family. Yours endless time and care goes beyond the call of duty,' and, 'Thank you so much for the care and kindness. Everyone showed [person's name] so much compassion and had time for her.'

# Is the service well-led?

## Our findings

Staff spoken with told us they received good support from their managers and their comments included, “My line manager is very approachable and supports me well,” and, “We get regular support and supervision, the managers are very helpful and will always listen to us.” One healthcare professional who regularly visits the service stated, “The manager is well liked and approachable. Residents and relatives praise the home.”

The registered manager had been in post for at least 12 years. People who lived at the service and their relatives told us that they often saw the manager walking about the home and added that they felt they could approach her if they had any problems.

Staff we spoke with were complimentary about the management team. They said that they had received supervision and attended regular staff meetings. They told us that they felt listened to and were kept up to date with information about the service and the people who lived there. One staff member reported, “I feel supported in my work and if I speak to managers about any issues I feel that they take notice of my opinion.” A regular handover took place between each staff shift so that important information was passed down to each staff team. One staff member added, “Handover meetings are important for making sure people’s day to day changing needs are relayed between staff.” This helped to ensure people received care relevant to their needs.

Staff felt there was a good team and commented that, ‘everyone worked together.’ Staff were aware of their responsibilities and there was clear accountability within the staffing structure. This meant that people living at the service benefitted from a cohesive staff team, who were well supported and worked well together to deliver good care.

The service had clear aims and objectives and also a ‘service user’s charter’, which included dignity,

independence and choice. They also had staff who had trained as dignity champions and assisted staff in ensuring this was provided when assisting with care and support. The ethos of the service was made clear to people through the service’s aims and objectives and staff had a good understanding of the standards and values that people should expect.

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The manager and provider had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, the service had produced an action plan which was regularly updated to show progress that had been made

People who lived at the service, their representatives and staff were provided with regular opportunities to provide their views about the care and quality of the service. Annual quality assurance questionnaires were sent to relatives and people who used the service to gather their views and opinions about the quality of the service. The information received back had been analysed and suggestions and improvements then implemented. People told us that they felt that the quality of the service was good. One person stated, “The manager is lovely, they come up to my room to ask how I am.” The service also had a compliment folder and this had a number of cards from relatives with positive comments about the care they had received whilst living at the service.

Feedback from healthcare professional stated, “I have been coming to Evelyn May to see residents weekly and each time the residents are treated with respect and well looked after. It is a very well run home, well managed and evidence of staff listening to people,” and, “I am confident to say this is a very good home, safe, effective, caring, well led and responsive. I have not hesitation recommending this home to others.”