

Runwood Homes Limited

Stafford Hall

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

The inspection took place on the 8 and 9 February 2016 and was unannounced.

Stafford Hall provides services for up to 40 people who need assistance due to old age or for people who may need care due to living with some form of dementia. It does not provide nursing care. On the day of our inspection the service had three vacancies.

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 were supported with every day risks. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. During our inspection there were sufficient numbers of staff on duty.

People's medication was well managed and people received their medication as prescribed.

Staff had been offered training to help ensure they had the skills and knowledge required for their role as a care worker.

We found there were policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of what these meant and the implications for people living at the service. Where people had been deprived of their liberty, applications had been submitted to the local authority for a DoLS authorisation.

Suitable arrangements were in place that ensured people received good nutrition and hydration. 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.

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.

People 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 people's needs and preferences.

The service had a clear complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response.

There was a strong emphasis on promoting and sustaining the improvements already made at the service. The registered manager continually strived to improve the service and demonstrated that they knew which areas of the service needed attention. Since being in post they had introduced a number of systems to improve the quality of care and had enhanced people's lives.

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.

The provider had systems in place to manage risks, safeguarding matters and medication and this ensured people's safety.

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.

Is the service effective?

Good ●

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 were supported to have sufficient to eat, drink and maintain a balanced diet.

People experienced positive outcomes regarding their health.

Is the service caring?

Good ●

This service was caring.

Staff had a good approach to their work. People told us that staff were very caring and respected their privacy and dignity.

Staff provided care and support that was tailored to people's individual needs and preferences.

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

Is the service responsive?

Good ●

This service was responsive.

People received personalised care and support and where possible had been involved in planning and reviewing their care.

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

People had access to activities which promoted their wellbeing.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

This service was well-led.

Quality assurance systems were in place.

Staff understood their role and felt able to question practice and report any concerns. The registered manager had developed a strong and visible person centred culture in the service.

Systems were in place to monitor the quality of the service people received. There was a positive culture in the home and the registered manager was actively developing the service.

Good ●

Stafford Hall

Detailed findings

Background to this inspection

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

This visit was unannounced and took place on the 8 and 9 February 2016.

The inspection team consisted of one inspector on day one of the inspection, and two inspectors on the second day.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications that had been sent to us within the last year. A notification is information about important events which the service is required to send us by law. We used the information in statutory notifications to make a detailed inspection plan and identified the areas we were going to focus on.

During our inspection we spoke with eight people who used the service, five visiting relatives, the registered manager, deputy manager and five members of the care staff. We also gained feedback from two healthcare professionals who have contact with the service. Where possible their comments have been added to the report.

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

As part of the inspection we reviewed four 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 and also their support records.

We looked at the service's policies, their audits, the staff rotas and complaint and compliment records. We also viewed the medication and maintenance support records.

Is the service safe?

Our findings

People told us that they felt safe at the service and relative's comments included, "It is nice as when we leave we know we do not have to worry" and, "We know our relative is safe here. They receive the care and support they need." Another added, "It has taken away some of the worry, we know [person's name] is ok."

The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Guidance could also be found around the service and on the staff information board. Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and regular updates had been provided. Staff knew how to recognise abuse and who they would report any concerns to. They were also aware of the whistle blowing procedure and described who they would speak to if they had any concerns. This showed that staff were aware of the systems in place that would help to protect the people living at the service.

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. Care plans included a variety of assessed risks to people and included falls and risks related to people maintaining their independence. Where risks had been identified the care staff had tried to manage these without restricting people's choice and independence. People had also been part of the risk assessment process where possible.

Appropriate monitoring and maintenance of the premises and equipment was on-going. All relevant safety and monitoring checks were in date and maintenance of the premises had been regularly completed and the home was generally safe and well maintained. The registered manager was presently actively looking into replacing some windows and doors around the premises due to poor insulation and deterioration in the wooden surrounds.

The registered manager was in the process of decorating the home and introducing new areas. They had introduced a small library area where people could go and sit quietly. Both the large lounge and small lounge had been decorated and felt more homely. One area had been decorated as a tea room and was now in bright colours and offered stimulation to those people who may have some form of dementia.

The service had sufficient staff to meet people's needs to a good standard. There were systems in place to help the registered manager monitor dependency levels and help assess the number of staff needed to provide people's care and help keep people safe. People told us they thought there was enough staff and they received the care and support they needed. The registered manager explained that they had four care staff and a senior on duty for both the morning and afternoon shifts, and the service also employed a good variety of ancillary staff.

On the day of our visit people were observed being well supported and we saw good examples where people were provided with care quickly when requested. Staff felt there were enough staff to provide the care and support people needed. The registered manager advised that they tried to cover any extra shifts by regular staff already working within the service, which helped with continuity of care and ensured the staff

knew people's care needs well.

Staff employed at the service had been through a thorough recruitment process before they started work at the service. 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.

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

During our last inspection visit in April 2015 we found medication processes were in place, but people had not received medication as prescribed and this had an impact on people's wellbeing. During our visit we found that the standard of medicines management in the service had improved and people received their medicines safely and as prescribed. Only senior staff administered medicines to people and these had been stored, administered and disposed of in line with current guidance and regulations.

Each person had their own medication profile with their photograph to assist staff with identification. No anomalies were seen on the medication record sheets and staff had dated bottles and packets to help assist with any audits. There was also guidance for staff on when people may need 'as and when' medication such as pain relief. People confirmed that they received their medicines regularly. One person was self-medicating and they had appropriate risk assessments in place and had been supported by the service and staff to be independent. Regular medication audits had also taken place to ensure people were receiving their medication as prescribed.

The registered manager was the infection control lead within the service. Regular audits had been completed and any areas of concern that had been identified had been corrected. Staff had completed infection control training and regular updates were provided. The registered manager advised that all staff assisted in keeping things clean and they worked as a team. This was confirmed when the staff who co-ordinated the activities were seen wiping tables down and helping the domestics to make the dining area clean after lunch. Staff had been provided with protective clothing and disposable gloves and aprons had been made available. Paper towels and liquid soap were made available throughout the service and 'hand gel' which helps to assist with infection control within the service. The service was generally odour free.

Is the service effective?

Our findings

People received effective care and support and were observed being involved with staff in making decisions about the care they required. They told us that they had confidence in the staff looking after them and they received the care they needed. When observing staff, we noticed that people were very much treated as individuals, and staff understood their preferences or dislikes and had taken these into consideration when supporting them.

People received effective care and staff had the knowledge and skills required to carry out their role as a care worker. Staff were knowledgeable about people's needs and provided care and support promptly. Staff told us that they felt they had received the training and support they needed to carry out their roles. They confirmed that their training was up to date and many had also completed a recognised qualification in care. Staff were very positive about the standard of care provided by the service.

Staff received an effective induction into the service and this included how to care for people and meet their needs. They had also introduced the Care Certificate, which is a recognised induction training that provides staff with the skills and knowledge they require in their role as a carer. Staff we spoke with said the induction was good and provided them with the knowledge and understanding they required.

Staff told us they felt well supported to effectively carry out their role. The registered manager had only been in post for four months, but the staff felt the support within the home had improved and they were working well as a team. We saw evidence that regular supervision and appraisals had taken place. Regular staff meetings had been organised and these were used to update staff on changes within the home and also updated staff on relevant policies, procedures and practice. Training was closely monitored by the registered manager to ensure it was both up to date and relevant and where gaps existed courses had been identified and where possible dates arranged.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff received training on MCA and had an understanding of the key principles of the MCA and DoLS. We spoke with the registered manager who was aware of their responsibilities with regard to DoLS. Records we looked at showed assessments had been undertaken of people's capacity to make decisions. Where people had been deprived of their liberty the registered manager had recently made appropriate applications to the local authority for a DoLS authorisation.

The service had a number of systems to gain people's consent for care. People using the service had been

offered an assessment of their capacity to make decisions and were appropriate best interest assessments and DOLs applications had been completed. There was also space on a number of forms to show that people had been part of any decisions about care and giving consent. One form used by the service for evidencing consent was in the process of being updated to make it clearer. Feedback from relatives included, "They [Staff] always speak with the family to ask our permission and work with us well" and "The home are very good at letting us know what they are going to do and if there are any changes."

People were supported to have a balanced diet and involved in decisions about what they wanted to eat or drink. All of the people we spoke with were pleased with the quality, amount and frequency of food provision. Hot and cold drinks were available throughout the day and also biscuits and snacks. They had a four weekly menu and a choice of two options at each meal. People confirmed that if they did not like what was on offer then they would be offered something else. More home cooked food had been introduced and this included cakes, homemade meat pies etc. Comments included, "The food here is good. You always get enough," "The food is nice, always hot and you get a choice" and, ""My dinner was lovely." Feedback from relatives included, "We are always offered a cup of tea when we visit and they also offer us a meal if we want one, they are very kind."

Whilst observing a lunch time meal it was noted that people had chosen to either eat in the dining room or within their bedrooms. Those who needed assistance with eating was provided this with patience and were not rushed. One staff member was seen to help the person place food onto their spoon and then encouraged them to feed themselves which helped to keep their independence. Plate guards were also used so that where people needed a little bit of assistance they could still be independent. One person was seen to have two small meals and staff explained that if they gave a large meal it would not be eaten, but the person would eat two small plates of food and this increased their nutrition.

The cook was aware of people's dietary needs and was able to describe people's likes and dislikes and any special diets they had. They were involved in serving the food at the lunch time meal and had a good understanding of people's needs. A food survey had been completed with people to gain feedback on the food provided at the service and the cook also advised that they had met with a number of individual people to discuss any particular likes or needs.

The service had received an inspection from environmental health and had been awarded a 5 star rating, which is the highest that can be gained.

People's nutritional health was maintained and where risks to people's nutrition had been identified; the service had taken appropriate action and requested assistance from a nutritionist or health care professionals. The service weighed people either weekly or monthly depending on any risks identified. They also added high nutritional food for those at risk of losing weight such as cream, full fat milk etc. Fluid charts seen had been completed well and staff advised these were checked and signed off by a senior member of staff at the end of the day to ensure the person had received enough fluid.

People had been supported and had access to a variety of healthcare resources. This included General Practitioners (GPs), district nurses, and chiropodist and hospital appointments. It was noted that records of any visits by health care professionals had been made in people's files and referrals had been made to health care professionals when needed.

Healthcare professional's feedback was positive about the home and they added that since the registered manager had been appointed they had seen improvements within the service. They stated that they had found the registered manager approachable and if they had any concerns the staff were willing to together

provide the care people needed. They added, "Communication has improved in the home and staff are making appropriate referrals to us when needed."

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived at the home. During our inspection we observed staff interacting positively with people and there was a relaxed and happy atmosphere. People we spoke with were complimentary about the care and staff and their comments included, "They are like friends," "I cannot fault the staff, they are very patient" and, "The carers are very kind."

Staff interacted well with people and ensured that those who were unable to express their wishes were included in the conversations. 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. All staff including the ancillary staff interacted with people and included people in general conversations. One staff member who had worked at other services stated, "It is much better here as you are able to spend more time with people."

Staff were observed interacting with everyone and ensured that those who were unable to express their wishes were included in the conversations and activities were possible. We noticed that people were always addressed by their name, and where people needed extra care, for example because of confusion or because of a hearing impairment, the staff took steps to cater for these needs. We observed staff delivering good care and following good practice and they were aware of people's diverse needs in relation to mobility, care and general well-being. If people became distressed the staff were seen using diversion tactics and helping the person to become more relaxed.

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. They were encouraged to make decisions on what they wanted to eat or activities they took part in. Staff also spent one to one time with people. It was clear that staff understood those in their care very well and could talk about individual people and their lives, families, backgrounds as well as their care needs.

People had been given opportunities to express their views about their care and support. Both people and staff were relaxed around the registered manager. Regular meetings had also taken place which provided people with an opportunity to feedback about the service. There was also an open culture and the service had involved family and friends for feedback when needed, which had helped to improve communication. The service had a key worker system in place and people had an identified staff member to liaise with them and their relatives and this assisted communication and ensured people were up to date with any changes in care. One relative stated, "The key worker system is excellent. [Staff's name] is very attentive and we can go away and relax and know that our relative is ok." 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.

People we spoke with were happy with the care and support they received and said that they were treated

with dignity and respect. Staff were seen knocking on people's bedroom doors before entering and also ensuring doors were shut before providing any person care, Feedback from relatives included, "Staff help to keep [person's name] well dressed and looking nice, which is important to us and our relative" and, "They help keep our relative's dignity and we have no concerns."

Is the service responsive?

Our findings

The service was responsive to people's needs. People were supported as individuals, which included looking after their social interests and wellbeing.

People received personalised care that was responsive to their needs. People's care plans contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. The assessment forms on the files helped to identify each person's needs and would assist the service to identify whether they would be able to provide the care each person required. The registered manager was in the process of auditing and reviewing each person's care plan, to ensure they were up to date and reflected the care each person required. Feedback from relatives included, "They organise regular reviews every three months." The service had regular staff handovers in the morning and afternoon, which helped to ensure that staff were aware at the beginning of the shift of any changes to people's care needs.

Any care needs due to the person's diversity had been clearly recorded. When speaking with staff they were aware of people's dietary, cultural or mobility needs. People spoken with said they had been part of the care planning process and their choices had been taken into consideration. They added that they received the care they needed.

The service had two activity co-ordinators and on both days of our visits people were supported to take part in social activities. The service had organised different activities for each day and they consisted of bingo, quizzes, listening to music, singing, flipping the pancake, film afternoons and arts and crafts. A number of people chose to join in with the activities and seemed to enjoy them. One relative stated "This is a marvellous home, the staff are very good they will sit with [person's name] and help them colour, which is something that they love to do." There were photos of organised events in the foyer and this included a number of people enjoying the Christmas festivities with relatives and staff and meeting Father Christmas.

The home had different themed areas to help support people living with dementia. These were bright and creative and added areas of stimulation around the home and places for people to stop and look and become involved. The service had a cafe area which was set out as a relaxing old fashioned tea room. There was also a bar with soft drinks and snacks in the hallway. The registered manager was planning to add further areas of interest and this included a post office, news stand and a fruit and vegetable stall. The key worker system was also to be developed and include one to one time for people where they could go out or spend time doing activities specific to their likes and hobbies. Trips out were also to be organised for the future.

People said they were confident that the new registered manager listened to their concerns. Relatives and health care professionals all stated that they had found the registered manager approachable and felt they could discuss any concerns they may have. Staff added that they felt confident to raise concerns to their care team managers and the registered manager was very visible and approachable. The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. These included meetings, a suggestion box and the registered manager held a surgery

each week for relatives and staff. Feedback from relatives included, "They are very prompt in dealing with things, we have no concerns" and, "We have regular meetings and you can bring up any issues. We have never had a problem, but the manager's door is open and you can always talk to them."

People were given guidance on how to make a complaint and the service had systems to record details of any complaints received, the action taken and also the outcome. Upper management also monitored complaints so that lessons could be learned from these and action taken to help prevent them from reoccurring. The service had received a number of compliments and these included, "Just a few words to say thank you for the care you gave our mum. Your care, compassion and kindness was totally amazing" and, "Heartfelt thanks for all the care and kindness show to [person's name], her end was peaceful and serene, you are all angels."

Is the service well-led?

Our findings

People told us they were happy at the service and found the new registered manager and staff approachable and felt they were listened to. One health care professional told us that the registered manager had made significant changes since they had been in post and felt the service had improved considerably. They added "There is better communication and the staff are approachable and the registered manager and deputy manager are very good."

The registered manager had focused on developing a strong and visible person centred culture in the service. People spoke very highly of the registered manager and the changes she had made since her appointment. Feedback from staff included, "Laura is brilliant. The staff are so much happier and the people are happier too" and, "It is a nice place to work now."

People were being involved in developing the service. The registered manager engaged with people and was seen walking through the service and speaking and listening to people and the staff. Staff said that the registered manager had implemented new systems and they felt the service was well organised. They added that they had been encouraged to make suggestions to improve the quality of service provision and felt staff morale had improved as they felt they were part of the service. Staff told us that the atmosphere and culture had improved since the registered manager had been appointed and they found them a good role model.

Staff said that they had received supervision and they had attended regular staff meetings. They felt they were kept up to date with information about the service and the people who lived there. A regular handover took place between each shift so that important information was passed down to each staff team. It was clear during our visit that the registered manager was aware of her responsibilities and they had upper management support available to them when needed.

The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. They also had staff that had trained as dignity champions and they provided assistance and guidance to staff to ensure people's dignity was respected. 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 registered manager and provider had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. The registered manager had also been proactive in introducing new systems to help improve the care and communication within the service. She was very knowledgeable of the people and the systems introduced helped to monitor the quality of the service and also the individual needs of people.

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 last quality assurance report could be found in the foyer for people to read. Food quality questionnaires were also completed regularly. The information

received had been analysed and suggestions and improvements then implemented. 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.

The Care Director had made monthly visits and completed audits on the service and this was seen. The service had also had an independent annual quality audit completed and an action plan had been put together and the actions were being addressed.

Due to some concerns raised before the registered manager came into post they have been proactive in trying to improve communication and working with partnership organisations. The manager had put in place measures to improve the working relationships with other health care professionals who visit the service. This included regular meetings with the district nurses, to build on relationships and also identify each others boundaries and caring responsibilities. Feedback from the health care professionals was positive and they felt the communication and working relationships with the registered manager and staff had improved.