

## Runwood Homes Limited

# Eastham

### Inspection report

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Date of inspection visit: 3 & 4 June 2015

Date of publication: 02/07/2015

#### 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 3 and 4 June 2015.

Eastham is one of a number of services owned by Runwood Homes Limited. The service provides care and accommodation for up to 25 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 help staff to support people with everyday risks. People's medication was well managed and the service had systems in place to help ensure people received their medication as prescribed.

# Summary of findings

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 provided and supported to eat and drink sufficient amounts to meet their nutritional needs. They were able to choose alternatives if they were not happy or did not like the choices offered on the menus.

People were supported to maintain good healthcare. They 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 who to raise complaints or concerns. 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 and included safeguarding matters and medication, which helped to ensure people's safety.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help 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) and people's rights were protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Good



### Is the service caring?

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff had a good understanding of people's care needs. They listened and responded appropriately when people needed assistance.

Staff provided people with good quality care.

Good



### Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and where possible had been fully involved in the planning and reviewing of 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.

The manager understood her responsibilities and demonstrated good management and leadership skills.

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

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

Good



# Eastham

## 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 3 and 4 June 2015.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with six people who used the service, five visiting relatives, the registered manager, administrator and five members of the care staff. Healthcare professionals were approached for comments about the service and any feedback received has been included in this report where possible.

Not everyone who used the service was able to communicate verbally with us. Due to this we observed people in the communal areas and dining rooms, 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 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 and 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

Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would 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. 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 on the staff notice board and staff spoken with stated they would feel confident in raising any concerns they may have. This showed that staff were aware of the systems in place and these would help to protect the people living at the service. One health care professional had added in the service's compliment book, "It has been a long time since I visited a care home where I would leave a loved one and feel happy and safe."

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 where possible managed these without restricting people's choice and independence. People had also been part of the risk assessment process where possible.

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. All relevant safety and monitoring checks were in. The service had recently changed a bathroom into a wet room to help meet people's needs within the home. The service had a maintenance person allocated and decorating and maintenance of the premises had been regularly completed and the home was safe and generally well maintained.

The service had systems in place to assist the manager to monitor people's dependency levels, these systems

provided an indication of the number of staff required to assist with people's care and help keep people safe. They added that the present staffing levels reflected the present needs of people

People told us they thought there was enough staff and they received the care and support they needed. 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. Most staff felt there were enough staff to provide the care and support people needed.

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. Staff who had recently been employed confirmed that relevant checks had been completed before they started work at the service.

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

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

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. People confirmed that they received their medicines safely and as prescribed.

# Is the service effective?

## Our findings

People received effective care and they told us that staff met their needs and that they were happy with the care provided. Comments included, “I like it here, I get the care I need and if I had any concerns I feel I could speak with the staff.” 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.

Staff had been provided with initial and ongoing 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 confirmed that their training was up to date and many had also completed a recognised qualification in care.

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. Staff said the induction was very good and had provided them with the knowledge and experience they required.

Staff had been well supported in their role as care workers. They had received regular support through one to one sessions, meetings and appraisals and they confirmed that they had received regular support and supervision. Staff were seen working well together and regularly approaching the senior staff or manager for general advice or updates, which helped to ensure that people received the care they needed. Staff comments included, “It’s a nice home to work for, we get to know the residents very well and it is family orientated.”

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and appropriate applications had been made to the local authority for DoLS assessments. 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. Staff knew how to support

people in making decisions and how people’s ability to make informed decisions can change and fluctuate from time to time. All had received training in the MCA and DoLS. Some people at the service had ‘do not attempt resuscitation’ requests in place and the manager was looking for a system in the service to ensure this information was easily accessible for the staff to ensure they followed people’s wishes.

People told us that they had agreed to the service providing their care and support and staff knew to check that people were consenting to their care needs during all interactions. 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 been ticked and completed by the person receiving the care, but this section had often been signed by relatives, which made it difficult to establish who was actually giving consent. This was brought to the manager’s 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, “You get plenty to eat and plenty to drink” and “They offer a good selection of meals.” One relative added, “They always make my relative another meal if they do not like what is on offer.” Jugs of juice were available and hot drinks and biscuits were made available throughout the day. The cook knew the people very well and was able to provide information about people’s likes, dislikes and dietary needs.

The service had arranged for the main meal of the day to be provided in the evening. The manager had spoken with the people living at the service to find out when they used to eat their main meal and found that most ate a light lunch and had their dinner in the evening. People spoken with stated they preferred this as it spaced the meals out better and advised us that, ‘this was their routine when they used to live at home.’

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.

## Is the service effective?

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 and their advice had been implemented. The service had protected meal times, which helped to ensure there were sufficient staff available to assist people to eat their meals and this was done in a relaxed atmosphere.

People had been supported to maintain good health and had access to healthcare services and received ongoing 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. Health care professionals visited people during our visit to provide care and support.

# Is the service caring?

## Our findings

People were happy with the care and support they received and added that they were treated with dignity and respect. They were complimentary about the staff and comments included, “I have enjoyed my stay and the staff have been incredibly patient” and “The staff are very good and very caring.” Feedback from relatives included, “Mum is very happy with the home, the staff are very caring” and “The residents always seem content and well cared for. The carers treat them individually and with dignity and respect. A lovely home.”

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. 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 responded to people's needs and they were kind and caring in their approach. Staff were present in lounges and communal areas, so people were able to gain support and care when they needed it. One staff reported, “It's nice to

know that we make a difference to people's lives.” One health care professional had written in the service's compliment book, “My first visit here, lovely home, lovely helpful staff and happy residents.”

People had the opportunity to express their views about their care and support. 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. One relative also advised that the service produced a newsletter which provided people with information and let relatives know when activities or outings were happening.

Families had been involved in their relative's care and had been 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.

People had their dignity respected and staff provided care in a non-intrusive manner. Each bedroom had been personalised and felt ‘homely’, they also reflected each person's personality. One person stated, “My room is immaculate and has a homely feel and is not institutionalised.”



# 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, "It is lovely here and with only 25 people it is very homely" and "I am very happy with the care and the staff are very good." One relative stated, "The staff are delightful and I could not find fault, they are lovely ladies."

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. Staff were aware of people's dietary, cultural and mobility needs. Care plans had been reviewed regularly and updated when changes were needed and people received the care they 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. The service had a 'key worker system', which meant people had been allocated a specific carer to be more involved in their care and liaise with family when needed. From our visit it was clear that staff knew the people very well and were aware of each person's history and care needs.

The service had an activities co-ordinator and people were supported to follow their interests and take part in social activities. There were regular daily activities organised and people were seen joining in with these during our visit. A trip to a local garden centre had been organised on the

second day of our visit and a number of people were supported to go out for lunch in the company mini bus. Regular church services were arranged for those people who wished to attend. Feedback from relatives included, "My mum's health has improved steadily throughout this period. More importantly her happiness has improved since being at Eastham, this is testament to the team at Eastham and ensuring she is kept occupied and involved in all events."

People found the staff and management approachable and felt they were able to raise any concerns they may have. One visitor said "We can approach the manager with any concerns and they are dealt with very promptly." They added, "We are very happy with the home and it is absolutely marvellous here. The staff are really very good and it is really homely."

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 and this was clearly displayed around the home. 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 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. Feedback from one relative included, "Staff are very approachable and if we had any concerns we could discuss it with them."

Compliments the service had recently on an independent web site included, "The manager and staff here do truly provide a home, the care is second to none. As a relative I feel supported by the staff and I can always speak to the manager with any concerns."

# Is the service well-led?

## Our findings

Staff told us they received good support from their manager. Feedback from relatives regarding the running and management of the service included, “Simply the best. A homely place with fantastic staff and excellent leadership” and “This place is very well organised and a fantastic home.” One health care professional had added in the service’s compliment book, “This service is well run, warm and welcoming.” The provider has their own quality awards and the manager had won the ‘best home in the region’ in 2014.

Staff we spoke with were complimentary about the management team. They said that they had received supervision and attended regular staff meetings. Staff told us that they felt listened to and were kept up to date with information about the service and the people who lived there. During our visit the service showed that there was an open culture and staff were seen approaching the manager and senior staff for advice and support when needed. People told us that the manager was always available when they visited and felt they could approach her if they had any problems or needed to talk with her.

The manager encouraged contact with the local community. A local school would often visit the service and provide entertainment. The service also had a support group which consisted of relatives and friends from people who had previously lived at the home and they now supported fund raising and outings for the service. They had arranged the outing to the garden centre and also a quiz night and fete to help raise money. Their comments about the home were very complimentary with one adding that they, “Wished their parent had come into the home sooner.”

Staff felt there was a good team and comments included, “I love working here. There is a good team and our manager is very approachable” and “I love it here and wish I had done care work sooner, it is very rewarding.” 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 provide assistance and guidance to staff to ensure people dignity is 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 manager and provider had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Questionnaires had been completed as part of people’s first six week review and these had gained their initial views of the service. 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.

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 back 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 provider arranged for an independent annual quality audit to be completed on each of their services and Eastham’s had been completed on 1 April 2015. An action plan had been put together and the actions were being addressed.