

Runwood Homes Limited

Crowstone House

Inspection report

Crowstone Avenue
Westcliff On Sea
Essex
SS0 8HT

Tel: 01702436611
Website: www.runwoodhomes.co.uk

Date of inspection visit:
22 February 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

The Inspection took place on 22 February 2016 was unannounced and carried out by one inspector.

Crowstone House is registered to provide accommodation and personal care without nursing for up to 54 persons who may be living with dementia. There were 48 people living in the service on the day of our inspection.

There was 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.

At our last inspection in September 2015 we had concerns about staffing levels and medication storage. At this inspection we found that staffing levels and medication storage had improved and that people were cared for and supported by sufficient numbers of staff.

You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Crowstone House on our 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?

The service was safe.

People were supported by sufficient numbers of staff to meet their assessed needs.

Medication storage had improved and people's medicines were now safely and appropriately stored.

Good ●

Crowstone 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.

This inspection took place on 22 February 2016 was unannounced and carried out by one inspector.

Before this inspection we reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our 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 seven people who used the service, the registered manager, the deputy manager and six staff. We looked at a sample of the service's staff rotas, dependency assessments and quality assurance audits.

Is the service safe?

Our findings

At our last inspection in September 2015 we had concerns about the staffing levels in the service. People's care needs had not always been met. For example, one person had told us that they had not seen staff for one hour and five minutes on one occasion and that another person had been shouting and it had frightened them. Relatives had told us that they had been in the lounge and at times there had been no staff in there for 20 minutes.

We saw that staff were very busy during both of our visits in September 2015 and that people were left unsupervised for various periods of time in different parts of the service. There were no staff present in the room to support people while they were eating their breakfast. We had seen people attempting to eat pepper from the pepper pot and pouring tea into their cereal. We also saw one person taking another person's breakfast off them. Staff told us that mealtimes were particularly busy and that they sometimes had to leave the room to collect food or to help and support others.

At this inspection staffing levels had improved. People told us that it felt like there were more staff around and they appeared to be happy and relaxed. One person said, "There are always plenty of staff around now. They help me when I need it." Another said, "It is much better now because there are more staff." Staff told us that the additional morning member of staff made a big difference. One said, "It is surprising how much of a difference that extra member of staff makes. On top of that we have our activities lady who is really helpful and helps at mealtimes when she is not doing activities."

We saw that people had their needs met quickly, be it for a drink or for support to mobilise to another area of the home. There were more staff available to support and help people during this inspection. One person wanted support to mobilise to another part of the home and staff quickly responded to their request and supported them well. Another person asked a member of staff for a colouring book and some pens which the staff member returned with within a few minutes of the request.

The registered manager had recalculated people's dependency levels to ensure that they had sufficient staff to meet people's needs. The staff duty rota showed that out of a possible 56 morning shifts six had operated with eight, instead of nine care staff. The registered manager told us, and staff confirmed that this had happened only when staff had reported their sickness at very short notice such as just before their shift was due to start. The registered manager said that they had exhausted all possibilities including using bank (as and when required) staff and offering existing staff overtime but sometimes it was not possible to get cover at such short notice.

The registered manager had employed another permanent member of staff who worked in the mornings to support people at the busiest time of day. They had ensured that more staff were based in the dining areas at breakfast and at lunchtime. In addition to the extra member of staff the activities coordinator started work at 9am and offered assistance and support to people in the dining room before they started their activities role at 10am. People were now supported by sufficient numbers of staff to meet their assessed needs.

At our last inspection in September 2015 the medication storage room had required improvement. The room was very small and some of the medication had not been stored in the locked medication trolleys because of lack of space. The room was in poor decorative order with wall tiles in need of grouting and damaged flooring. The registered manager told us in their action plan that they had plans in place to refurbish the room and to add an additional lockable trolley. At this inspection we saw that the medication room had been completely refurbished and was clean and tidy with good storage including new shelving and an extra lockable trolley. The flooring had been replaced and people's medication was now stored appropriately and safely.