

Runwood Homes Limited

Frank Foster House

Inspection report

Loughton Lane
Theydon Bois
Essex
CM16 7LD

Tel: 01992812525

Website: www.runwoodhomes.co.uk

Date of inspection visit:
15 February 2023

Date of publication:
19 April 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Frank Foster House is a residential care home providing personal and nursing care to up to 80 people. The service provides support to older people and younger adults, some of whom may be living with dementia, physical disability or sensory impairment. The service accommodates people in one adapted building over 2 floors. At the time of our inspection there were 65 people using the service.

People's experience of using this service and what we found

People were not always protected from the risk of harm. The service was not always well led. The management of risk needs to improve in relation to fire safety and people's personal emergency evacuation plans [PEEPs].

We have made recommendations to the registered manager around staffing levels, staff deployment and audit processes.

People were supported by staff who had been recruited safely. The provider ensured staff received training that met people's needs. People received their medicines from trained staff who had their competencies checked by management.

People were protected from the risk of abuse. Staff knew how to identify signs of abuse and felt comfortable raising concerns with the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager acted in accordance with their legal and regulatory requirements and shared information in an open, honest and timely manner.

The service involved people and those important to them in a meaningful way. People's views were listened to and acted upon, meaning they had a direct say in the running of their home.

The registered manager and provider encouraged an open culture of learning from incidents, accidents and other relevant events.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was outstanding (published 14 May 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection.

The registered manager has taken immediate action to lessen the risks identified during this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Frank Foster House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

Details are in our well-led findings below.

Requires Improvement ●

Frank Foster House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors and 2 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Frank Foster House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Frank Foster House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 February 2023 and ended on 10 March 2023. We visited the location's office/service on 15 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed the care provided to help us understand the experience of all people, in particular those who could not talk with us. We spoke to 10 relatives and 3 staff members, the registered manager and deputy manager. We reviewed a range of records, including 4 people's care records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the inspection we spoke to 12 relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We reviewed whether safety of the premises was monitored. Whilst suitable checks of fire safety equipment were in place, we saw that actions from the latest fire checks had not been completed.
- The fire risk assessment 2022 had identified a staircase enclosure with excessive storage, which needed to be cleared. However, we saw the storage of items, including a foam mattress, on the first-floor landing.
- During the inspection, we saw some bedroom doors had a stairgate fitted. The stairgates were not identified within the fire risk assessment or within people's personal emergency evacuation plans [PEEPS]. Emergency plans detail the support each person would require in the event of an emergency evacuation. Fire drills had not included the opening, manoeuvring and closing of the stairgates in an emergency and the additional time it takes.
- The registered manager responded immediately during and after the inspection to rectify the concerns identified following audits of fire safety.
- Gas and electrical services and appliances, hoists, moving and handling equipment and fire safety equipment were maintained in line with recommendations.
- Risk assessments had been completed and included support for people to manage the risks relating to skin breakdown, mobility and catheter care. Staff understood people's needs and risks.

Staffing and recruitment

- Staff were not always deployed effectively in the home. During the inspection, we observed staff congregating in communal areas. Where people had chosen to stay in their rooms, staff were not observed making regular checks on their safety and/or welfare.
- During mealtimes, we observed staff supporting 2 people at once, rushing people to eat and not allowing sufficient time to finish their mouthful before giving another.
- The registered manager told us they used a dependency tool to ensure staffing levels were sufficient to support people. However, we received mixed feedback from relatives. Comments included, "Sometimes the staff seem to be over worked," and, "[Name] occasionally asks for something and the staff say they will come back, but in those instances they don't bother. It may be understaffed." Whilst another commented, "As far as I am aware there is enough staff, but then I only visit in the daytime."

We recommend the service review their staffing levels and staff deployment to ensure sufficient numbers were available to keep people safe.

- The provider had processes in place to recruit staff safely. The registered manager had ensured necessary

safety checks, such as right to work documents and reference checks, were completed before new staff commenced their employment.

- Staff were subject to Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe in the home. One person said, "I feel very safe here. They know me well and I know them too."
- Relatives and friends told us they felt their loved one were safe in the home. One relative told us, "[Name] is safer here than when they were living in their bungalow alone," whilst a friend told us, "My friend is very safe here. It's very secure and they have a sensor mat in their room."
- Staff had completed training in safeguarding people from abuse. They understood how to identify and report abuse. They told us they would report any concerns to the registered manager and were confident action would be taken.
- There were policies and systems in place to keep people safe. The registered manager understood their legal responsibilities to protect people and share important information with the local authority and the CQC.
- The registered manager ensured staff reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.

Using medicines safely

- The provider had effective systems in place to monitor quality and safety, and drive improvement in relation to safe medicine administration. Home audits were completed monthly as well as bi-annual audits conducted by the local pharmacist.
- Staff administering medicines had received appropriate training and a review of their skills and competences were regularly undertaken. Group supervisions were held for refresher training on good medicine management.
- People were supported by staff who followed systems and processes to administer and record medicines safely. One relative told us, "The home is very good at keeping me informed of any changes of the medication [name] is prescribed."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People's relatives were supported to visit the service. We observed visitors with people during our inspection. Relatives confirmed there were no restrictions to visiting and that government guidance was being followed.

Is the service caring?

Our findings

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's independence. During the inspection, we observed staff supporting a person to transfer to a wheelchair without allowing the person time to do it for themselves, as stated in their care plan.
- We received mixed feedback from relatives about how staff communicated with people. We observed staff treated people with kindness. However, staff were task focused and familiar relationships with the people they supported were not witnessed. The registered manager told us staff did not need additional support with communication.
- The home provided support that ensured people's privacy and dignity were maintained. We saw staff knock on people's bedroom doors before entering. One person told us, "They always ask to go in my room, even if I'm not in it."
- Documentation was stored securely so that confidentiality was maintained in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

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

- People and their relatives were involved in the decision-making process. Records we reviewed and conversations with people showed people's relatives and those important to them had been given the opportunity to share their views about the home.
- People were supported to attend monthly resident meetings held with the management staff. Action plans were created, following each meeting, identifying where changes could be made to improve the quality of the service provided. Changes made were regularly reviewed and discussed to ensure they met with people's approval and requirements.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had established audits in place for monitoring the quality of the service and meeting regulatory requirements. However, these had not identified shortfalls in the recording of care provided following an incident. For example, Care notes detailing the observations commenced after a service user had fallen, had not been completed consistently and did not reflect the actual time observations had been provided.
- The registered manager had not regularly reviewed staff deployment throughout the service. Issues of staff congregating in similar areas, whilst leaving other areas of the service without staff, had not been identified during quality audits.

We recommend the service reviews their auditing processes to make sure issues are identified and acted upon in a timely manner.

- The registered manager understood their regulatory requirements and notified CQC and others about any notifiable incidents.
- Staff meetings, supervision sessions and handover meetings were used to ensure continuous learning and improvements took place.

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

- People's care records included detailed information about what was important to them and their cultural and social preferences. This helped staff understand the most effective ways to support people to achieve their wishes.
- People and those important to them had given us positive feedback about the service. One person told us, "They [staff] are all nice here," and a relative said, "I would recommend it here. It has worked for [Name] and they now see this as their home. [Name] is happy here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and their staff knew how to share information with relevant parties, when appropriate.
- Relatives we received feedback from said they had been kept well informed of any incidents or concerns in

relation to their loved one. One relative told us, "They always inform me of [name] progress or if they are having any worries about [name] they let me know straight away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager told us they operated an open-door policy. Relatives told us they felt supported by the management team. Comments shared included, "I know who the registered manager is, and they are quite happy to listen and talk to me when I have something to say" and, "I know all the management team. They are very good at responding in relation to [name] care."
- Staff and relatives we spoke with felt they were updated with changes within the service. Staff told us information was shared at regular staff meetings and sooner if necessary. One relative told us, "I don't think I have hit any barriers along those lines. They are definitely responsive."
- The service worked in partnership with healthcare professionals and other agencies to ensure they could continue to meet people's needs. A professional told us, ". Whenever the service is not able to manage, they allow intervention from our team. We have a good understanding of each other. We work together to eliminate obstacles."