

Runwood Homes Limited

Windle Court

Inspection report

The Withywindle, Celeborn Street,
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 13 October 2015 this was unannounced.

At our previous inspection in April 2015 the service we had identified concerns in relation to adequate and safe staffing levels at the service. We had also received concerns prior to this inspection. This report only covers our findings in relation to these requirements and the information of concern. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Windle Court on our website at www.cqc.org.uk

At this inspection we found that improvements had been made.

Windle Court is a residential care home registered to provide accommodation with personal care for up to 76 older people, some who may have needs associated with dementia.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff that had been recruited and employed after appropriate checks had been completed. People's medicines were managed safely and were dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with

Summary of findings

training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager had a good knowledge of DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and district nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make 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.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. Staff demonstrated that they were able to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Windle Court

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 13 October 2015 and was unannounced.

The inspection team consisted of two inspectors and also an 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.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from relatives about the service.

We spent time observing care and 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 were unable to talk to us, due to their complex health needs.

During our inspection we spoke with 10 people and six relatives, we also spoke with the manager, deputy manager, regional director of care and eight care staff. We reviewed seven care files, four staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At our last inspection in April 2015 we found that staffing levels at the service were not adequate and did not ensure people's safety. We had also received concerns prior to this inspection regarding staffing levels. At this inspection there were varied views from people about the staffing levels. One person told us, "It's very difficult, you buzz and there isn't anybody around and you wait an awful long time, a very long time, particularly in the mornings." "It used to be much better at one time." Another person told us, "The staff are great; whenever I need them they are there." People we spoke with told us that the morning times are often very busy for staff. We observed staff to be busy in the morning time but did meet people's needs in a caring and dignified way.

Staff and the manager told us the service had a 'bank staff list' which they often used to ensure staffing levels were appropriate and according to needs of people as per dependency assessments completed. We spoke with the manager and regional director of care regarding the staffing levels. The manager told us that following our last inspection, the staffing levels were reviewed and staffing had been increased during the afternoons, they stated that they also routinely reviewed staffing levels in the morning times in accordance with the dependency audits of people's needs and feedback from people.

Prior to our inspection we received concerns about the cleanliness of the service. We carried out observations of the cleaning schedules in place for each of the units. We found that rooms had been cleaned at both high and low levels of the room. There were domestic staff on duty during our inspection. The staff told us that they carry out their duties on a daily basis and if there were further requirements requested they would also undertake these duties. For example, 'deep cleans' of rooms.

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, "If I had any concerns I would inform the manager or inform the Local Authority." The service had a policy for staff to follow on 'whistle blowing'. One member of staff told us, "If I was worried about anything I would call the CQC or social services." The manager clearly displayed an independent advice service

called 'Ask Sal' which is a helpline for staff, people or relatives to call if they had any safeguarding concerns. Staff referred to this service saying they would call the number if they needed to report anything.

People we spoke with who use the service told us that they felt safe. One person, when asked if they felt safe said "Yes, one hundred percent." Another person told us "I'm a bit nervous sometimes but the staff always come to me." One person visiting their relative said "I think they're safe and well protected."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, use of bedrails, nutrition assessments and prevention of pressure sores. This meant staff knew how to look after people safely.

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The manager employed a maintenance person for general repairs at the service.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People received their medications as prescribed. One person told us, "They (staff) bring my medication to me and if I am in pain, I will tell them and they will give me it (prescribed pain medication)." Senior care workers who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with

Is the service safe?

the person if they required any additional medication such as for pain relief and asked them how much they felt they needed. We saw that medication had been correctly recorded on the medication administration records.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

Prior to our inspection we received concerns regarding the food being served to people at the service and the training for staff. At our inspection we observed a lunchtime meal. The menu had shown that there were two choices of meals. The meal that was served was slightly different to the menu shown. The menu showed 'Gammon and Pineapple' or 'Scampi' this would be served with 'Chips, new potatoes and peas', the meal was served without the pineapple and mash potatoes instead of the said new potatoes. We spoke with kitchen staff and they told us that the pineapple had not been delivered and that mash potatoes were served as an option most days to ensure people with dietary needs were catered for. We spoke with the manager about the menu and they told us that they would ensure that the menus available would reflect the food served. One person we spoke with told us, "The food is lovely and I always have plenty to eat." Another person said, "I like all different foods and they (staff) know what I like." The food that was served was seen to be enjoyed by people.

If required people were provided with special diets such as for diabetes or if people needed soft and pureed food. Where required staff supported people to eat at the person's own pace.

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "We have lots of training here, both e-learning and people also come in to train us." Staff were very positive about their training and the support they received from the manager to complete this. One person said, "They know how to look after me and do it well."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting the induction if over a twelve week period. Staff said when they first started at the service they completed their training then worked 'shadowing' more experienced staff. This gave them an opportunity to get to know people and how to best support their needs. On the day of our inspection a training course was being held for staff by an external company on the subject of End of Life care.

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and supported them with making choices on how they wished to spend their time. People at the service had varying levels of capacity. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, chiropodist, district nurses, and GPs. We saw people also had access to optician and dentist check-ups. One person told us, "If I need the doctor the staff sort it out for me." A relative told us, "They (staff) also call in the GP if needed and will always tells us, that way sometimes when we can be here, we come to see the GP too."

Is the service well-led?

Our findings

The service had a registered manager in post. The manager was very visible within the service and was at the service every day. They had very good knowledge of all the people living there and their relatives.

People and relatives felt at ease discussing any issues with the manager or provider, one person said, “He walks round every morning and if I wanted to talk to him, he would stop and listen to me.” One relative told us, “I find him very easy to talk with; he will help with anything I ask.”

Staff felt the manager was very supportive to their roles and said, “He is very approachable, I feel like I can speak to him freely.” Staff also told us that the service is, “Getting better, since he has been here.”

Staff had regular supervision and meetings to discuss people’s care and the running of the service. Staff said, “We have supervision and can talk to the managers and ask them advice about people’s care needs.” Staff said they had regular team meetings to discuss any issues and to learn

from any events and share information. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a communication book to share information.

The manager and provider gathered people’s views on the service through meetings with relatives and people and through the use of questionnaires. They gathered opinions on people’s care, the performance of the service and staff, and any changes or improvements that people felt were needed. We saw that the manager had completed a survey in July 2015 with people that used the service. This was for people’s views on the food menus. Following this survey the menus had been changed to reflect the outcome of the survey. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on people’s care plans, medication management and the environment. They used this information as appropriate to improve the care people received.