Runwood Homes Limited

Elizabeth House

Inspection report

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21 March 2016
08 April 2016

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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

This inspection took place on 14 and 21 March 2016 and 8 April 2016 and it was unannounced.

The service provides care and support for up to 108 people some of whom may be living with dementia. There were 107 people living in the service on the first day of our inspection.

At the last inspection in July 2015 we asked the provider to take action to make improvements to staffing levels and to ensure that people were treated with dignity and respect. We had concerns about the lack of towels, flannels and crockery which led to people not being treated with dignity and respect. At this inspection we found that improvements had been made and that staffing levels had improved and there were sufficient supplies of towels, flannels and crockery.

There was a manager in post who was in the process of applying to be registered with CQC. 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.

People received their care and support in a way that ensured their safety and welfare. There were now sufficient numbers of staff who had been safely recruited, were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed.

Staff knew how to protect people from the risk of harm. They had been trained in safeguarding people and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

People had sufficient amounts to eat and drink to meet their needs and individual preferences. Their healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when required. People's care needs had been fully assessed and their care plans provided staff with the information needed to meet their needs and to care for them safely.

Staff knew the people they cared for well and were kind and caring towards them. They ensured that people's privacy and dignity was maintained at all times. People participated in activities of their choosing and were encouraged and supported to express their views and opinions. People were able to receive their visitors at any time and their families and friends were made to feel welcome.

People were confident that their concerns or complaints would be listened to and acted upon. There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

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.

People were protected from the risk of harm. Identified risks had been assessed and catered for. Staff had been safely recruited and there were now sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication was well managed and people received it as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by well trained and supported staff.

The manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good

The service was caring.

People were treated respectfully by staff who knew them well and who were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good

The service was responsive.

People's assessments and care plans were detailed and informative and they provided staff with sufficient information to meet people's diverse needs.

There was a clear complaints procedure and people were confident that their concerns and complaints would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

Staff had confidence in the new manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

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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 14 March 2016 and 21 March 2106 and 8 April 2016. It was unannounced and carried out by two inspectors and two experts 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 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.

During the 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 28 people, seven relatives, the registered manager and 25 staff. We reviewed 12 people's care files and 20 staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and compliant records.

Good

Is the service safe?

Our findings

At the last inspection in July 2015 we asked the provider to take action to make improvements to staffing levels and to ensure that people were treated with dignity and respect. We had concerns about the lack of towels, flannels and crockery which led to people not being treated in a dignified manner and caused a risk of infection control. At this inspection we found that improvements had been made. Staffing levels had increased and there were sufficient supplies of towels, flannels and crockery as the provider had replaced the crockery. They also purchased new towels and flannels which meant that the risk of cross infection had been reduced and also met people's needs in a more respectful and dignified way.

During the first day of this inspection people told us that they thought that there was not enough staff on duty at times. One person said, "There is not always enough staff as they seem to be rushed." Another person said, "If I call for help, sometimes I have to wait a while because I need two people to support me." We saw throughout the day that staff were very busy particularly when other staff were on their meal breaks. The layout of the building meant that there were several communal areas on each side of the building and on each floor. Poppy unit has extremely long corridors leading to people's bedrooms. Staff told us that if they were at one end of the building and were needed at the other it took them some time to get there. They also told us that at lunchtime they had a 20 minute break and when they worked a long day they had two other 10 minute tea breaks where they were in the building and could be called back to work if necessary. This meant for example that throughout a normal day on one unit (Poppy upstairs) there was a total of 2 hours and 40 minutes when there were three staff on duty to care for 28 people. The dependency level tool showed that 10 of the 28 people were of a high dependency level.

We fed our concerns form the first day of inspection back to the provider, they addressed this and on the other days of the inspection we found that staffing levels had been increased by 24 hours a day to ensure that there were always sufficient staff on duty to meet people's needs. One staff member told us, "Staffing levels have been an issue in the past but there have been improvements recently and they are now ok during the day. I don't work nights so I could not comment on those." The manager told us, and the staff timesheets confirmed that additional staff had worked over the two week period checked. The duty rotas showed that additional staff had been rostered to work in the coming weeks. The regional care director provided us with email confirmation that the service was allocated an additional 24 hours staffing each day to deploy as needed in the service. The nominated individual for the service assured us that the higher staffing levels would be maintained and that if more staff were found to be needed they would be recruited.

Staff told us that they did not feel so rushed and that the additional staffing has helped particularly during their break times. People's call bells were answered more quickly and they told us that this had improved. We saw that there was more of a staff presence throughout the service on the third day of the inspection. One person told us, "I did have to wait for some time in the past but they (staff) come much quicker now when I call." Another person said, "The staff seem to be around more lately and that can only be a good thing for us." There were sufficient staff on duty as assessed in the service's dependency level tool, to meet people's needs.

People were protected from the risk of abuse. They told us that they felt safe. One person said, "I feel safe here, I used to be able to walk but now it is not possible. I do feel safe and I am looked after here." Another person said, "I do feel safe now that I have the door gate fitted that I asked for." Others told us that they had door gates fitted to enable them to keep their doors open when they were in their rooms. One person explained, "Some of the people here wander about and one used to walk into my room but now I have the door gate I feel much safer when I am in my room." The records showed that where door gates were fitted people had agreed to them to protect the privacy and safety. There were leaflets about safeguarding people displayed in the entrance hall and staff room. The manager and staff had a good knowledge about safeguarding procedures and when to apply them. The policy and procedure was readily available for staff to refer to if needed. Staff had been trained in safeguarding people and they described the actions they would take if they witnessed or suspected abuse. One staff member said, "I would see that the person was safe and then report it to the manager, the CQC or the social services."

Risks to people's health and safety had been well managed. Staff had received training in first aid and fire safety and they knew how to call the emergency services if needed. There were detailed fire evacuation plans in place for staff to refer to in the event of an emergency. Staff told us, and the records confirmed that regular fire drills had taken place. The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were safety certificates in place. The maintenance person carried out minor repairs and recorded their actions in the service's maintenance records. This showed that repairs and replacements had been carried out in a reasonable timeframe and that people were cared for in a safe environment.

People had risk assessments for their mobility, skincare, nutrition and falls. There were clear management plans in place that described how staff managed risks to people's health and safety. Staff knew about people's identified risks and they described how they managed them. Staff told us, and the records confirmed that other professionals such as the district nurse and dieticians were involved, where necessary, as part of the risk assessment process.

There were robust recruitment processes in place to ensure that people were supported by suitable staff. The manager had obtained all of the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work until all of their recruitment checks had been carried out.

People's medicines were managed safely. People told us that they were given their medication when they needed it. One person said, "The staff offer me a drink and wait until they know I have taken my medication before they leave me." Another person said, "I always get my medication and they (staff) check I have taken it." Medication was administered by care team managers (CTM's). We observed a medication round and saw that the CTM explained that it was time for the person's medication and they ensured that they had a drink of their choice to take with it. There were PRN protocols in place for as and when required prescribed medication. They contained sufficient information for staff to follow and had been signed by the GP. We carried out a check on the medication system. The medication trolley, cupboards and fridges were clean and well-ordered which enabled staff to clearly identify and access people's medication. The medication trolley was fixed securely to the wall when not in use. Staff had been trained and had received regular updates to refresh their knowledge. Their competence had been checked through the supervision process and they had a good knowledge of people's medicine needs and their individual medical histories and they gave people their medication appropriately. There was a good system in place for ordering, receiving, storing and the disposal of medication and records had been completed to an appropriate standard.

Good

Is the service effective?

Our findings

People were cared for by staff who felt supported and valued. Staff told us, and the records confirmed that the induction process was good. One newly recruited staff said that they had shadowed more experienced staff as part of their induction process. They said, "I am new but I feel that the CTM's and the manager are supporting me in the role." Staff told us that they felt well supported and that they could speak with management at any time if they had any concerns or worries. They said that they had many opportunities for informal supervision and the records showed that they had also received formal supervision. The manager told us that the service had identified the need to improve the supervision process as not all staff had received a two monthly formal supervision session as stated in their supervision agreements. The manager said, and their quality improvement plan showed that improvements had been made and were due to be completed fully by the end of April 2016.

People were cared for by well trained staff. Staff had the knowledge and skills to care for people effectively. People told us that, in their opinion, staff were well trained and able to care for them in a professional and caring manner. Three people commented on the effectiveness of their care. One of them said, "Staff take the time to listen and they understand me and my needs." Another said, "The staff are friendly and engaging and know what they have to do for me." Staff told us, and the records confirmed that they had received training that was relevant to their role and that it had been regularly updated to refresh their knowledge. This included specialist training such as for dementia. The manager told us that they were in the process of seeking more specialists training from the Parkinson's and tissue viability nurses. Staff told us they had completed a national qualification in care and the records confirmed that 47 of the service's 89 care staff had either obtained or were working towards a national vocational qualification in care. Staff said their training was good and that it helped and supported them to do their work and to care for people safely.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions. One staff member told us, "Where people cannot make decisions they have to be made in their best interests and there is paperwork on their file to show this." Where necessary appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. People told us, and we heard, that staff asked them for their consent before carrying out any care or support tasks. Mental capacity assessments had been carried out where required. This showed that where people were not able to make

every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have sufficient amounts of food and drink and to maintain a balanced diet. Several people told us that the food had improved recently and that it had more taste, flavour and variety. One person said, "I am eating so much better now. I cleaned my whole plate today and I never used to." Another person said, "People come to ask us what we would like to eat and they are happy to offer us alternatives." Another person said, "The kitchen staff ask us what we think of the meals which is a good thing because it offers us a choice." The food was seen to be well presented in an attractive manner. For example pureed meals were well presented, items were pureed individually and gravy was offered separately. Where people were unable to choose their meal without support they were shown the alternative plates of food side by side. For example we heard one member of staff say to a person, "Would you like this fish dish, or would you prefer this beef?" They allowed sufficient time for the person to process the question and make their choice. Where people preferred to eat in their bedrooms their food was delivered to them quickly and efficiently. They told us that the food was always hot and appetising. Where necessary people's dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake kept them healthy.

People's healthcare needs were met. They told us that, when needed, they saw healthcare professionals such as their doctor, optician, chiropodist and district and specialist nurses. One person said, "I am well looked after when it comes to visiting the hospital nearby." Another person told us, "If I need the doctor or a nurse they call them straight away for me." The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed.

Good

Is the service caring?

Our findings

People told us that the staff were kind, caring and understanding. One visiting relative said, "Staff here have been brilliant, from day one we have all been involved. They (staff) have been happy to engage with my relative and all of the family, and take our views and needs into account. The staff are very caring and understanding." Other comments included, 'staff are lovely', 'some staff are absolute gold', 'staff deal with people very well', and, 'they (staff) deal with my relative very kindly'. We observed good staff interaction with people throughout the inspection and saw that staff knew people well and had built up positive caring relationships with them.

We saw that staff treated people with respect and kindness. For example one person needed constant support as they became very distressed upsetting the other people in the room. The staff member who was supporting them used diversionary tactics to reassure the person who was distressed and the other people in the area. They clearly understood the needs of all of the people in the room and spoke to people in a dignified, respectful way. Where we saw and heard staff supporting people they did so in a calm, respectful manner and they allowed them the time they needed to carry out any tasks. People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. People said that when staff responded to their care needs they took the appropriate time to support them. One person said, "The staff takes the time to listen and understand me. They are respectful, caring and kind." People told us that they were able to practice their faith if they wished to. Their care plans identified their cultural and spiritual needs. The manager told us that church services were held twice a month and that quite a lot of people attended them. One person said, "We have lovely church services which I really enjoy." Other people told us that they were supported by friends and relatives to visit their local church. People's religious faith was respected and their cultural needs had been met.

People were encouraged and supported to maintain their independence. The manager told us that some people went to the local shops to buy a newspaper and others were supported by staff to visit a local supermarket. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed.

People had been actively involved in making decisions about their care and support. They told us they were encouraged and supported to make everyday choices such as what they wanted to wear and what they wanted to do. There was good information in the care files about people's life histories and their likes and dislikes to enable staff to care for people in a way that they preferred. Staff knew people well and described their individual preferences. One staff member said, "It helps to know a little bit about people's past such as what job they did and if they had any animals. It means I can chat with them about things that are important to them."

People told us that their visitors were made welcome at any time. One visiting relative told us, "I come here every day between 11am and 3pm, and I help my relative with their lunch. I am treated very well by staff; they are always helpful and deal with my relative very kindly." Another relative said, "They (staff) make me a cup of tea when I visit and I am always made to feel very welcome."

Where needed, people had access to advocacy services. There was information with contact details displayed in the entrance hall and in CTM's offices on each of the four units. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Good

Is the service responsive?

Our findings

People had received an assessment of their needs prior to moving into the service and together with their families had been fully involved in planning and shaping their care. The assessments covered all areas of support needed, which included personal care, mental health, communication, diet and mobility.

People told us they received personalised care that was responsive to their individual needs. One person said, "The staff know how I like to be cared for. It is also in my care plan for staff who don't know me that well yet." Another person said, "They (staff) asked a lot of questions when I first came here. They wanted to know how I liked to be cared for, what I could do for myself and what interested me." Care plans had been devised from the initial assessment and took into account people's life history, their spiritual and cultural needs and preferences, their likes and dislikes and the people who were important to them. Care plans and risk assessments had been regularly reviewed and updated to reflect people's changing needs. One person told us, "We have discussed any changes to my needs. I don't like a soft diet so they (staff) brought someone in to look at my eating and what I can manage and I eat well now." The service provided people with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility.

People told us that there was usually some kind of activity going on. There were details of the weekly activities on offer displayed on the notice board. People told us that they had a knitting club and sing-a-longs. One person said, "I like knitting and one of the people here is really good. It's a good time and I like to take part each week. We also have quizzes and they provide a time when we can get together. The activity person is really helpful." Another person told us that they had participated in a 'gentleman's club'. They said, "I thought this was a very good idea as we were all male we could talk about things like football and cricket. I really enjoyed it and am looking forward to the next one. We saw people enjoying a music and movement session. Staff enthusiastically moved around the room engaging and encouraging people to move their arms and legs in time to the music. Some people joined in with singing the words of a well- known 'Elvis' song. One person stood up and danced with a member of staff. Most of the people in the room appeared to enjoy this activity.

People were pro-actively involved in their care, where they were able to be. They told us that the staff and registered manager regularly asked them for their views and we saw and heard this in practice throughout the inspection. Staff constantly asked people if they had what they needed. People and their relatives told us that meetings were held where they discussed menus, activities, staffing and the general running of the service.

People told us they felt able to express their views or make a complaint if the need arose. One person said, "I'll always tell them how I prefer things done, and if I needed to I'd ask to speak to the CTM. I'm sure I would be listened to." A visiting relative told us they knew exactly who to speak to if they had any problems. They said, "I speak to the unit manager first, who will normally sort things out for us. If I am not satisfied I'll go to the manager who is always happy to see anybody. If necessary I can be forceful, and stand my ground. However, that's rarely needed, as they want to please me." There was a good complaints process in place which fully described how any complaints or concerns would be dealt with and it included the contact

details of CQC, the local authority and the Local Government Ombudsman. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner. They told us, and the complaints records confirmed that concerns had been responded to appropriately and had been fully considered and resolved.

Good

Is the service well-led?

Our findings

There was a manager in post and they are in the process of applying to be registered with CQC. People told us that they felt the service was improving since the new manager came into post in December 2015. They said that issues were taken more seriously than they used to be. One person said, "I don't think that we used to be listened to as much as we are now. One visiting relative said, "I have noticed the changes since the new manager has been appointed. It's definitely improved recently, and I can see this will be on-going. The new manager is very on-the-ball, and sees what is going on. I've got confidence in her." Another visiting relative told us, "Communication with management here is very good, there is an open culture that gives me confidence about my relative's care."

Staff told us that the manager was approachable and supportive and that they had quickly made significant improvements. One staff member said, "I have worked here for several years and have worked under numerous managers and I do feel that this one would handle situations sensitively and with understanding." Another staff member said, "I have been transferred from another service recently and I feel so much more supported here. The manager is available and she is very knowledgeable." The manager had an open door policy where people, their relatives and staff could speak with them whenever they wanted to. People told us they had confidence in the manager.

There were clear whistle blowing, safeguarding and complaints procedures in place. Staff said that they were confident about implementing these policies. One staff member said, "I feel more valued since the new manager started work. That makes me feel more confident. I would tell them (manager) if I had any concerns."

People and their relatives told us that they were actively involved in making decisions about how to improve the service. They said that regular meetings had taken place where they had discussed a range of issues which included menus, staffing and activities.

There was an effective quality monitoring system in place. The provider had recruited an external consultant to carry out an annual quality audit. The audit had identified a number of areas for improvement and the manager had devised a clear action plan to address the shortfalls. The manager has kept us updated with their progress. In addition to this the service carried out regular monthly audits which included medication, care plans, health and safety, training and incidents and accidents. There were clear action plans in place to address identified concerns.

Regular staff meetings had taken place where a range of issues such as safeguarding people, whistle-blowing, supervisions and appraisal and care practices had been discussed. Staff had good communication with each other as handovers took place between CTM's each shift and a handover book was used to record important information. This ensured that staff had quick access to important information on return from leave or a period of absence so that they could care for people safely. This showed that there was good teamwork and that staff were kept up to date about changes to people's care needs.

Personal records were stored in locked cabinets in the CTM's office when not in use but they were accessible to staff, when needed. The manager had access to up to date information on the service's computer system which was password protected. They shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.