

Runwood Homes Limited

Carolynne House

Inspection report

Waterson Road,
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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service well-led?

Good



Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 May 2015. A breach of legal requirements was found as people who used the service were not protected by safe medication procedures and there were issues around the safe administration and recording of people's medication. We also had concerns with regard to the service's quality assurance systems as these had not been consistently effective and staff morale was low.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and also improvements they were to make with their quality assurance. We undertook a focused inspection on 1 December 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these requirements. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Carolynne House on our website at www.cqc.org.uk

Carolynne House is one of a number of services owned by Runwood Homes Ltd. The service provides care and nursing accommodation for up to 51 people who may need assistance with personal care and may have care needs associated with living with dementia.

The service does not have a registered manager, but the manager in post at the service has completed an application and started the registration process with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered

Summary of findings

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 focused inspection on 1 December 2015, we found that since our last inspection, systems had been put in

place to support medication administration and it was now safe and effective for people. Improvements had also been put in place with regard to quality assurance and staff morale had improved at the service.

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.

Action had been taken to develop systems to ensure medication was well managed and improvements had been made in the safe administration and recording of people's medication. People who used the service were now protected by safe medication procedures.

Good



Is the service well-led?

The service was well led.

Action had been taken to develop the service's quality assurance systems and these were seen to be effective.

Staff morale had improved and staff understood their role and were confident to question practice and report any concerns.

Good



Carolynne 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.

We undertook an unannounced focused inspection of Carolynne House on 2 December 2015.

The inspection was undertaken by one inspector.

Before the inspection, we looked at information that we had received about the service. This included information we received prior to the inspection and notifications from the provider. Statutory notifications include information about important events, which the provider is required to send us by law.

We spoke with the manager, deputy manager and care team manager working at the service. We also spoke with five staff on duty and people who received care and support. Two relatives were spoken with during their visit to the home. We looked at four people's medication records, the systems in place for returned medication, staff medication training records, medication audits, stored medication and staff medication competency checks.

Is the service safe?

Our findings

At our comprehensive inspection of the service on the 6 May 2015, we found a breach in the regulations. This was due to the provider not having safe medication procedures in connection to the safe administration and recording of people's medication. An action plan was submitted by the provider to show how they were going to meet the breach in regulations.

This visit was to check against the plan of action for compliance.

During this inspection we found the service had been proactive in ensuring the action plan had been fully implemented. Medicines were now stored safely and effectively for the protection of people using the service and they had been administered and recorded in line with the service's medication policy and procedure.

It is the service's protocol that only nursing or senior staff administer medicines to people. Since our last inspection those staff involved in medication administration had received updated training and had competency checks. The manager had arranged for training to be provided through an external pharmacist group, and a further session had been organised for 10 December 2015 for those staff who had not yet attended. They also have an online medication training course and the service presently has a 100% completion record for this. This has helped to ensure staff have a better understanding of the service's medication policies and procedures and how staff can keep people safe when dealing with medication.

Since our last inspection the medication folders had been audited and these were well laid out and information was easy to find. Each person had a medication profile which provided staff with important information about the person receiving medication, and included how they may like to take this. These documents also included information to

staff on any allergies people may have and what signs and symptoms to be aware of in relation to any pain relief medication that may be required. Those who took PRN or 'as and when needed' medication had clear guidance and methods in place to record this.

We reviewed the medication records and each person had a photograph, which helped staff to ensure that the correct person received the medicines prescribed for them. Medicines had been routinely recorded and signed for and no discrepancies were found. Medication bottles and boxes had been dated when opened. The service had introduced a clear system for those who received medication in a patch form to identify the site of previous patches; which helped with consistency and ensured the same area was not used.

Daily and weekly medication audits had been completed by the staff and manager and where any issues had been identified clear action had been taken. A section had been added on the medication sheet for staff to record the number of tablets left after administration each day; which made it easier for staff to monitor and ensure any anomalies were quickly identified. Staff spoken with during this inspection stated that they felt the new system was safer and people received the medication prescribed to them. People confirmed they received their medication regularly and one relative stated they had noticed the service had introduced a red apron with 'Do not disturb' on it for staff who were administering medication, which they felt was a good idea.

To help ensure medication was stored at the correct temperature the service had recently replaced the fridge used for medication storage and had also purchased an air conditioning unit for the medication room to help regulate the temperature. The deputy manager advised that they had found this had helped to ensure the room did not get too hot for medication stored in the room.

Is the service well-led?

Our findings

At our last inspection to the service in May 2015 staff had received regular supervision, but morale was low and some stated they felt they needed 'more management support.' At this inspection

a new manager had been appointed and they were going through the registration process with the CQC.

Staff commented that they found the new manager very approachable and felt that staff morale had improved since the change in management. Staff added that there was now more structure and new systems had been introduced which they felt assisted them in their role as a carer. Feedback included, "There have been lots of changes, but these are for the better" and, "The manager is a listener, you ask her to do something and it is done." Staff were aware of their responsibilities and there was clear accountability within the staffing structure. This meant that people living at the service now benefitted from a cohesive staff team, who worked together to deliver good care and received the support they needed.

People who lived at the service and their relatives told us the manager would be seen walking about the home and

added that they felt they could approach her if they had any problems or concerns. One relative added that they had seen improvements in the service over the last couple of months and felt the staff morale had improved. They added that they felt the staff provided, "Fantastic Care and we could not wish for better."

People received good quality care and the service had introduced more systems to help monitor the standard of care people received. There were a range of regular audits to assess the quality of the service and these had improved since our last inspection in May 2015. Clear audits were in place for medication, pressure care and falls. The service now collected data on falls and pressure care which enabled them to look for trends and patterns, so appropriate action could be taken to help keep people safe.

The manager had increased staffing levels during the morning shift on the nursing unit and had also deployed staff more efficiently so staff did not appear rushed and were aware of the area they were working in and the tasks and care they were responsible for. People were seen to receive support and care in a timely manner and call bells were quickly responded to.