

Runwood Homes Limited

Rosedale Court

Inspection report

Hockley Road
Rayleigh
Essex
SS6 8EP

Tel: 01268773180
Website: www.runwoodhomes.co.uk

Date of inspection visit:
02 February 2016
03 February 2016

Date of publication:
04 March 2016

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 2 and 3 February 2016.

Rosedale Court is registered to provide accommodation and care, including nursing care, for up to 81 older people some of whom may be living with dementia. It also provides a rehabilitation service. There were 79 people living in the service on the day of our inspection.

There was a manager in post but they had not yet registered with us. 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 were supported in a way that ensured their safety and welfare. Sufficient numbers of well trained and supported staff had been safely recruited to meet people's assessed needs. People received their medication as prescribed. There were safe systems in place for receiving, administering, storing and disposing of medication.

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

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

People were supported to have enough food and drink to meet their needs. People's care needs had been assessed and catered for. Their care plans provided staff with good information about how to meet people's individual needs and preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind, caring and compassionate, they knew people well and ensured that their privacy and dignity was maintained at all times. People participated in activities of their choosing and were able to express their views and opinions. Families and friends were made to feel welcome and people were able to receive their visitors at any time.

People knew how to raise a concern or complaint and were confident that their concerns 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. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good. People received their medication safely 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).

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

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate in their approach and treated people with dignity and respect.

People had been involved in planning 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.

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

There was a clear complaints procedure and people were

confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

Staff had confidence in the manager and shared their vision to provide people with good quality care that met their needs.

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

Rosedale 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 2 and 3 February 2016 was unannounced and carried out by two inspectors.

Before our inspection we reviewed information that we held about the service such as previous inspection reports, 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 20 of the people using the service and five of their relatives, the regional care director, the manager, the deputy manager and 19 members of staff. We also spoke with two visiting healthcare professionals. We reviewed 10 people's care records and eight staff's recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

People were protected from the risk of abuse. They told us that they felt safe and secure and we saw that they were comfortable, relaxed and happy when interacting with staff and with each other. Relatives told us that people were safe, happy and well looked after. One person said, "Yes, I do feel safe here, they look after me well."

The manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure in place for staff to refer to when needed. Staff told us they had received training on safeguarding and recognising the signs of abuse. Staff understood about safeguarding procedures and they described the actions they would take if they suspected abuse. One said, "If I had any concerns about any of the people who live here I would tell the manager." Another said, "If I was worried about anyone I would talk to my unit manager and record what I had done." Staff were also aware about whistle blowing procedures and one said, "I know how to whistle blow and how to report any concerns and I can go higher in the company if I don't think they have been dealt with properly." Another said, "If I had any concerns I would take them to the CQC if I thought I needed to." The manager had reported safeguarding concerns appropriately to the local authority and to CQC.

Risks to people's health and safety were well managed. Staff had been trained in fire safety and first aid and had access to telephone numbers to call in the event of an emergency. People had a personal evacuation plan in place and regular fire drills had been carried out. There were risk assessments and management plans to help keep people safe, for example for skincare, nutrition, their mobility and falls. Staff demonstrated a good knowledge of people's identified risks and they described how they would manage them.

The manager had ensured that people were cared for in a safe environment as other risks such as for the premises and equipment had been regularly assessed. There were up to date safety certificates in place for the premises and the equipment that was in use. There was a maintenance person who worked two days a week and carried out repairs as and when needed. There was a clear record to show when repairs had been reported and when they had been carried out.

There were sufficient staff to meet people's assessed needs. People told us there were enough staff around when they needed them. One said, "Staff are always around and they check if there is anything that I need." Another said, "I know the staff would help me if I needed help, the staff are smashing." Visitors told us that they thought staffing levels seemed to be enough to meet people's needs. One said, "There are always staff around when I visit and I think my relative is well cared for." There were sufficient staff working on both days when we inspected the service and the staff duty rotas showed that staffing levels had been consistent over the eight week period checked.

The service had a robust recruitment process to protect people from the risk of unsuitable workers caring for them. The manager had obtained appropriate clearances including satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the process was thorough.

They said that they had been interviewed and that they were not able to start work until all of the relevant checks had been carried out. One said, "When I applied for this job I came for an interview, I also had to do a criminal records bureau check before I could start work." Other comments included, "I think the recruitment here is ok, I had to give two references and had a criminal record check."

People's medicines were safely managed. People told us that they were given their medication correctly. One said, "Staff give me my medication when I need it." Another said, "They [staff] ask me if I need my painkiller every time they do the medication. They are very good."

Nurses and care team managers were responsible for ordering, receiving, administering and storing medication. They told us, and the records confirmed that they had received medication training and that their competence to administer had been annually assessed. The assessments had identified any areas of practice that required improvement and the actions taken to make the improvements. We observed staff administering the lunchtime medication to people and they followed the correct procedures and stayed with the person until they were sure that the medication had been taken. All opened packets and bottles of medication had been signed and dated showing the date of opening. There was a list of staff signatures to identify who had administered the medication. There was an effective system in place for ordering, receiving, storing and the disposal of medication and people received their medication as prescribed.

Is the service effective?

Our findings

People were cared for by staff who felt supported and valued. Staff told us that their induction to the service was good and that they received regular supervision and that they felt supported. One said, "The induction training was ok and I was an extra on the shift for my first two days of working on the unit." Others said, "I have regular one to one meetings where I can talk about my work and what training I need." "Our unit managers are very good at supporting us." "We get good support and regular refresher training." "I always feel that they [managers] listen and take notice of my views and opinions."

Staff had the knowledge and skills to support people effectively. People felt that the staff were well trained. Staff told us, and the records confirmed that they had received training that included infection control, food hygiene, moving and handling, health and safety, first aid and dementia. Staff told us that they felt the training they received was right for their role. Their comments included, "My training is kept up to date and it covers the areas needed for the people I support." "We do a lot of on-line training nowadays." One staff member said they were not so keen on the on-line training and that they preferred face to face training. They told us they would like training in more service specific subjects such as Parkinson's awareness. This was discussed with the manager who told us that some staff had received more service specific training from professionals such as for continence and diabetes. They said they were in the process of arranging more face to face service specific training such as for Parkinson's disease and that they expected all staff to have received this training within the next six months. Staff told us they had completed a national qualification such as their NVQ (National Vocational Qualification in Care). People were cared for by well trained staff.

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).

Staff demonstrated a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). One said, "Mental capacity assessments ensure that any decisions made on a person's behalf are in their best interests." Another said, "I understand the importance of the MCA and DoLS and how they help keep people safe." The manager had made appropriate DoLS applications where necessary. Throughout our inspection visits we heard staff asking people for their consent before carrying out any activities or tasks. Staff knocked on people's doors and waited for their consent before entering the room. This showed that where people were not able to make every day decisions for themselves decisions were made in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a healthy balanced diet. People told us that the food was very good. One said, "I like the food here, it is quite good and there is plenty of it." Another said, "My lunch was very good, I like vegetarian meals and they [staff] make sure that I get them."

Relatives told us that the food always looked appetising and that the portion sizes were good. Staff supported and encouraged people with their meals in a sensitive manner and checked if people had enough to eat and drink and they offered people more if they wanted it. Menus had been devised in line with what people wanted to eat and were discussed at residents and relatives meetings to ensure that they were reviewed and amended according to people's wishes. People's nutritional needs had been assessed and catered for. Where necessary people's weight and dietary intake had been recorded and foods had been fortified where required to ensure that they received sufficient nutrition to keep them healthy. There were guidelines for staff in the kitchen for preparing and cooking meals and snacks for multi-cultural groups. Staff had followed the guidelines and met people's individual cultural needs in regard to their food. People clearly enjoyed a pleasant mealtime experience as they were relaxed and happy and were chatting with the staff and with each other.

People received appropriate healthcare that met their needs. People told us, and the records confirmed that they had been supported to maintain their health by attending routine hospital and doctors' appointments. There were clear records showing the details of appointments and the outcomes such as for the chiropodist, the optician and community nurses. Other health and social care professionals' advice and guidance were sought when required such as for occupational therapists, physiotherapists and tissue viability nurses. This ensured that people's on-going and changing healthcare needs were met.

Is the service caring?

Our findings

People were very complimentary about the staff and they told us that they were kind and caring. One said, "The staff here are smashing to me, they really care." Another said, "The staff care and they look after me well and check that I am ok." Visitors also told us that the staff were very caring and one said, "The staff are all lovely and they are very friendly. My relative loves the staff and says they are so kind to them."

Where people were unable to express their views we observed staff interaction with them and saw that they were relaxed, happy and cheerful throughout our visits. Staff displayed kind, caring and compassionate qualities and clearly knew people well and had built up positive caring relationships with them.

People were treated with dignity and respect; for example, we saw people being supported and heard staff speaking with them in a calm, respectful manner and they allowed them the time they needed to carry out any tasks. People told us that they did not feel rushed and that the staff treated them with dignity and were respectful when supporting them. People told us that they had the privacy they needed and that they were able to stay in their room if they wished. They said that they were able to see their visitors where they wanted to, either in private or in the communal areas. One person said they particularly enjoyed spending time with their visitors in the Rose Café. People told us that they had attended church services and that staff had supported them to follow their faith. People's religious faith was respected and their cultural needs had been met.

Staff supported people to maintain their independence as much as possible. One said, "The staff help me to walk around with my walking aid. They support me to do this as often as I can to help keep me mobile." Another said, "I do what I can for myself because I want to remain as independent as possible while I am able but the staff will help me when I need it." A visiting professional said, "The staff are very supportive and encourage people's independence."

Where they were able to be, people were actively involved in making decisions about their care and support. People told us that they were able to make every day choices about how they wanted to spend their time, what they wanted to wear and where they wanted to be. There was good information available about people's likes, dislikes and preferences in regard to all areas of their care. Visitors told us that the staff kept them informed about any changes to their relative's care and support.

There was good information about people's background, which included their family and working life. Families and friends had helped by providing information that people may not have been able to remember due to their dementia or just having a poor memory. This provided the staff with a brief history to help them to care for people in a way that they preferred and was more meaningful to them as an individual.

People told us that their visitors were always made welcome. One said, "I can have visitors at any time that suits them." A visitor told us, "The staff are always welcoming and are always around when I visit." Other visitors told us that they were always made to feel welcome whenever they visited.

There were no people using advocacy services at the time of our inspection. Where people did not have family members to support them to have a voice, they had access to advocacy services. 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.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. They said that they received the care they needed, when they needed it. One said, "I get very good care and the staff involve me in everything."

People's needs had been fully assessed before they moved into the service. They told us that they and their relatives had been fully involved in the assessment process. People had individual personalised care plans that had been developed from their original assessment. Staff were able to describe how they met people's individual needs and preferences. They knew that people's care plans had been devised from their pre-admission assessments and said that they provided enough information for them to meet people's needs safely. One told us, "I know how people like to be looked after because the care plans are very detailed. They describe how people like to be cared for." Another said, "The care plans clearly describe people's needs and they say what I have to do to meet them."

Personal risks to people's health and welfare had been assessed and there was information in the care plans to describe the methods in use to minimise the risks. Staff said that the risk management plans were detailed and very clear about what they should do to reduce any risks. For example, moving and handling plans described what equipment to use and how many staff were required to support the person safely. People told us they felt safe when staff supported them using equipment such as a hoist and we observed staff practice to be appropriate to the needs of the individual they were supporting.

People told us that staff responded quickly to changes in their needs. Staff said that they were kept up to date with changes to people's care needs. They said that there was a communication book in place and that they received handovers at each shift where any changes to people's needs, and how to meet them were discussed. One staff said, "Through handovers and meetings we are told of any changes so that we know what to do if things change." Another said, "We discuss any changes as a team so that we all know what we need to do to meet people's needs safely." The care plans and risk assessments had been reviewed and updated monthly to ensure that they continued to meet people's needs.

People told us that they did not have to wait too long for staff to support them. We saw that staff responded quickly when people needed support, for example, we saw that people were given support to mobilise around the home when they needed it. One person was helped to mobilise using a walking frame and another was encouraged and supported to walk with a staff member's assistance. Another person was in their room and wanted help to get up so they pressed their call bell and staff quickly came to support them. We heard call bells throughout the day and saw that staff responded quickly to them. This meant that people were given the support they needed when they needed it.

People said that staff supported them with activities of their choosing. There were details in the care plans about people's likes, dislikes, aims and goals and their family and work history. The information provided staff with enough background knowledge to give people a service that was meaningful to them as an individual. One person said, "I don't want to do much now. I used to do a lot of knitting but I don't fancy

doing it now. I like watching and taking part in some of the things they do and I like the singing." Another said, "I used to travel a lot so I have my memories of that. They [staff] try their best to get me involved and they don't do a bad job." People were offered a range of activities that included armchair exercises, name that tune, musical bingo, arts and crafts, clay cottage (pot making), a skittles contest and cake making.

People told us that staff regularly asked them for their views and opinions and we saw this in practice throughout our inspection visits. People said, and the records confirmed that they had participated in regular meetings where they were able to discuss their views and opinions about how the service was run. There were notices about upcoming meetings displayed around the service to enable people to participate in them should they wish to do so.

People said they would know how to complain if they needed to. They said they would tell the manager or staff and that they felt that their complaints would be listened to and acted upon and they were confident that their complaint would be dealt with effectively. There was a good complaints process in place which fully described how any complaints or concerns would be dealt with. The manager told us, and the records confirmed that when complaints had been received they were dealt with quickly and appropriately.

Is the service well-led?

Our findings

There was a manager in post who was in the process of registering with CQC and they had the support of a deputy manager. Although the manager had only been working in the service for a few weeks they were very familiar with the needs of people they were caring for. People told us that the manager was nice and friendly. They said that they often saw her walking around the service and that she would stop and speak with them. Staff told us that the manager was available throughout the day for any advice and guidance. They said this was in addition to the support they had from the care team managers, the nurses and the deputy manager.

Relatives said that the manager had an open door policy and that they felt able to speak with her about any issues or concerns. Relatives told us, and the records confirmed, that relative's meetings had been held and that a range of issues had been discussed which included activities, meals, the use of agency staff, dementia awareness and staffing levels. The manager had addressed any issues, for example one relative had raised an issue about their relatives clothing not always being ironed how they would like them to be. The manager had arranged meetings with all the staff concerned to ensure that the person's clothing was ironed to their satisfaction.

Staff and relatives had confidence in the manager and said that she was approachable and supportive. They said that she was always available and that she responded positively to their requests. There were clear whistle blowing, safeguarding and complaints policies and procedures in place. Staff were confident about how to implement the policies and they told us that they would report any concerns immediately including reporting them to outside agencies such as social services and CQC if necessary.

Staff shared the manager's vision, which was to provide people with a good quality service that met their needs. Staff said that they felt the manager had made improvements and that they felt valued and supported. One said, "The new manager seems approachable and has improved things here." Another said, "It has definitely improved here recently and we all feel happier. My unit manager is always available and supports me well. I think the unit manager takes notice and action on what I say about people's needs." Staff told us that they had regular meetings, and the records showed that an action plan had been devised and any actions had been dealt with appropriately. Staff said that the meetings were very good and allowed them time for an open discussion to give and receive feedback. They said they felt involved in how the service was being run.

People told us that they had regular meetings and that they had been actively involved in making decisions about how to improve the service. The records showed that a range of issues had been discussed which included menus, activities and people's individual care and spiritual needs.

There was an effective system in place for monitoring the quality of the service. People's views had been gathered in October 2015 and there were many positive comments which included, 'outstanding care in the rehab unit', 'considerate, patient and understanding', 'very good care, they demonstrate empathy and listening skills'; and, 'very high standard, highly recommended'. Although an action plan had not been

developed from the October 2015 survey by the previous manager the current manager told us that all future survey responses would be analysed for trends and action plans put in place to address any shortfalls.

Regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. The manager told us, and the records showed that audits had taken place regularly such as for medication, care plans, equipment, call bells, health and safety and building maintenance.

Staff had handovers at each shift and used a communication book to communicate important information to others who were not present at the handovers. This enabled staff to quickly access information about people's needs when returning from leave or after days off. This showed good teamwork within the service and that staff had up to date information about people's changing needs to help keep them safe.

Personal records had been safely stored in locked offices when not in use. The manager had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.