

# Runwood Homes Limited

## Elizabeth House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

Elizabeth House is a residential care home that provides personal and nursing care to for up to 108 people aged 65 and over. At the time of the inspection there were 59 people living at the service.

### Rating at last inspection:

The rating of the service was 'Inadequate' (Last report published 14 September 2018) and the service was placed into 'Special Measures'. This is where the care expected falls below this standard and is judged to be inadequate. The service is kept under review and is inspected again within six months. We identified five breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the level of care people received, risk and medicines management, staffing levels, staff training, induction and supervision; and governance.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection of 'Inadequate'.

### People's experience of using this service:

Significant improvements were noted since our last inspection to Elizabeth House in July 2018. Although people's comments about the care provided was variable, our observations relating to the level of care people received was much improved. The atmosphere within the service was relaxed and calm. Staff told us the support they received from the registered manager and other senior management team members was much better and they were valued and supported. The registered manager and other senior management team members were visible within the service, were clear about their roles and responsibilities and aware that further improvements were still required.

Risks for people were identified but staff did not clearly record how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. Some people were at risk of having their safety compromised. This was because people who were at risk of swallowing difficulties and choking were not being properly supported.

Care planning arrangements did not ensure all of a person's care needs were recorded. Staff were aware of people's end of life care needs but these were not recorded. People enjoyed the activities provided but stated there were occasions when they were bored and there was nothing for them to do. Improvements were required to ensure people who remained in their bedroom were not socially isolated.

People told us staff did not always have sufficient time to give them the care and support they needed. The deployment of staff during the inspection was appropriate and there were enough staff to meet people's needs.

Staff received regular training opportunities to enable them to meet people's needs. Newly employed staff

received a comprehensive induction and staff told us they felt valued and supported. Recruitment arrangements were robust to ensure the right staff were recruited.

People were protected by the provider's prevention and control of infection procedures.

Sufficient food and drink was available to people throughout the day. Regular monitoring and review was carried out for people at nutritional risk to ensure their dietary needs could be met.

People experienced positive outcomes regarding their health and wellbeing and had access to healthcare services. The service worked collaboratively with other services and agencies.

People's capacity to make day-to-day decisions had been considered and assessed and the provider was working within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Follow up:

We will continue to monitor intelligence we receive about the service until we visit again in line with our inspection programme and scheduling. If any concerning information is received we may inspect sooner.

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Elizabeth 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of three inspectors on both days of inspection. An expert by experience accompanied the inspectors on the first day of inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people and people living with dementia.

#### Service and service type:

Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At this inspection 59 people were living there.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on the 17 and 18 January 2019 and was unannounced.

#### What we did:

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

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 14 people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff [including three Care Team Managers], two activities coordinators, the chef, two deputy managers and the registered manager. We reviewed eight people's care files and four staff recruitment files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

# Is the service safe?

## Our findings

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

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.

At the last inspection in July 2018, medication practices and procedures were not safe. Not all risks to people's safety and wellbeing were identified and suitable measures considered and put in place to keep people safe from harm. Staffing levels were not maintained to ensure people's needs were met to an appropriate standard. This was a breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and the service was no longer in breach of regulatory requirements, but further improvements were still required.

Systems and processes to safeguard people from the risk of abuse.

- The number of safeguarding concerns raised had decreased significantly since our last inspection to the service in July 2018. The registered manager was aware of their responsibility to notify us of any allegations or incidents of abuse and these were managed well.
- Effective safeguarding arrangements were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff comments included, "I would report any concerns to the manager, police or Care Quality Commission" and, "I would go to the CTM [Care Team Manager], manager, Care Quality Commission or tell head office. My first call would be the CTM, for example, if I witnessed bad manual handling or abuse." Staff had received safeguarding training.
- People told us they felt safe. One person told us, "I feel safe with them [staff]." One relative said, "We're so happy [relative] is here, we feel they're in very safe hands."

Assessing risk, safety monitoring and management.

- Risks for people were identified. However, risk assessments relating to people's choking risk were not accurate. Risk assessments did not clearly identify how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe.
- Four people were observed during the inspection to require assistance to eat and drink by staff whilst they remained in bed. None of these people were properly supported to allow the person to sit in a comfortable upright position to enable them to maintain a good posture for eating and drinking. This placed them at risk of aspiration pneumonia and choking. For example, one person who remained at a 45° angle whilst being assisted to eat by a member of staff was observed to cough on several occasions while they ate and following their meal.

Staffing and recruitment.

- People's comments about staffing levels at Elizabeth House were variable. One person told us, "Staff say they are short-staffed, I get fed up hearing it. Some of them [staff] rush me because they're so busy. I can

wait a long time in the mornings for a wash, and it's because there's not enough of them." The person told us staff were not always apologetic when they had been kept waiting. They told us, "They [staff] come in sometimes, turn the alarm off, say, we'll be back in five minutes, it's sometimes more like thirty minutes. I've been told to drink plenty of fluids but it goes straight through me, so I need them [staff] urgently. I don't want to stay wet, as I get very sore." In total six people raised the same concerns and confirmed this impacted on their care and comfort needs being met in a timely manner.

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Agency staff were not currently being used at Elizabeth House to 'plug' staffing gaps.
- Since our last inspection to the service in July 2018, arrangements had been put in place to monitor staff response times to people's call alarm facility. Although this was positive and staff response times had improved, there were still occasions whereby people living at Elizabeth House could be left waiting for staff support for up to 29 minutes. The registered manager told us discussions were held with staff where their response times were considered inappropriate. An analysis of the findings was not recorded and a record of discussions with staff were not kept to evidence actions taken to improve the situation for people using the service.
- The dependency needs of people were assessed each month but this information was not used to inform the service's staffing levels.
- Staff had been recruited safely to ensure they were suitable to work with the people they supported. Profiles for agency staff utilised were readily available.

#### Using medicines safely.

- Medicines management arrangements were much improved at this inspection. Since our last inspection in July 2018, staff who administered medication had received additional training and had their competency assessed.
- Information relating to two people showed they were prescribed PRN 'as required' medication when they became anxious or distressed. This medication should only be administered after staff have supported an individual with positive interventions and strategies to avoid medication being given unnecessarily and without cause. Information was not sufficiently detailed to record the rationale and reasons for giving the 'as required' medication. There was nothing recorded to indicate either person was significantly agitated, anxious or distressed at these times.

#### Preventing and controlling infection.

- The service was clean and staff used Personal Protective Equipment [PPE] such as gloves and aprons to help prevent the spread of infection.

#### Learning lessons when things go wrong.

- Effective arrangements were in place to learn when things went wrong. Prior to the inspection the Care Quality Commission was made aware of a medication error whereby three people received an additional dose of their medication. The registered manager notified the Local Authority and Care Quality Commission. An investigation was conducted to ensure lessons were learned and the member of staff who had committed the error was retrained and their competency reassessed.
- Where accidents and incidents had occurred, these were analysed to monitor any trends and to reduce reoccurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection in July 2018, training was not embedded in staffs everyday practice. Staff had not received a robust induction and staff did not feel valued or supported and morale was low. Staff had not received regular supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and the service was no longer in breach of regulatory requirements, but further improvements were still required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience.

- Staff received online and 'face-to-face' training opportunities and were complimentary regarding the quality of training provided. One member of staff told us, "The training is mandatory but not everyone used to attend, now you have to or you get taken off shift." Observations of staffs manual handling practices demonstrated there were no concerns. Five members of staff did not have up-to-date training but this was booked to be completed at the end of January 2018.
- Newly employed staff had received an induction relevant to their role.
- Staff told us they felt valued and supported, particularly by the registered manager. Comments included, "I definitely feel supported since the change of manager, as time goes on I'm feeling more valued" and, "Yes, I feel more supported."
- Staff confirmed they received regular supervision. One member of staff stated, "I have supervision, I can talk to the senior. Any problems, I go straight to the senior or manager, even if it's just to let off a bit of steam now and again."

Supporting people to eat and drink enough to maintain a balanced diet.

- People's comments about the food were variable. Positive comments included, "The food's much better, we've got a different cook, the quality's gone up and you can have more if you'd like it" and, "I'm never hungry or thirsty. Today I had the meat pie, it was lovely." Less favourable comments included, "They say, I've got to put on weight but the sausages are cooked too much, baked potatoes are too hard and they run

out of yoghurts all the time. If I ask they'll [staff] bring me in fruit, but they haven't always got any" and, "The food's a bit bland, I wish they'd offer tomato sauce, mustard, salad cream to add flavour." People confirmed condiments were available but had to be requested.

- The dining experience for people was positive. People had access to sufficient food and drink throughout the day. Meals were nicely presented, in sufficient quantities and people were routinely offered additional helpings.
- The chef's knowledge relating to people's specific dietary needs and where people required their food to be fortified was poor and required improvement.
- Not all people were offered meals in line with their specific dietary needs or where they were at nutritional risk. One person was assessed as requiring a fortified and 'soft' diet as they were at risk of choking due to swallowing difficulties and at nutritional risk as their weight continued to decline. Despite this the person was offered soup or salad for lunch.
- Not all people were having their weight monitored in line with information recorded within their care plan.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. One person told us, "If they [staff] were worried about me, they'd call the doctor or a nurse. I see the doctor all the time, I get fed up with it to be honest."

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff asked for people's consent before providing care and support. People were supported to make their own decisions. One person told us, "Nobody tells me what to do, if I want an extra half hour in bed because I don't feel great that's fine with them [staff]." A second person told us, "I'm an early riser, but I get myself up, washed and dressed. Nobody tells me when I should or shouldn't get up or go to bed. I like that I'm not told what to do."
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

Adapting service, design, decoration to meet people's needs.

- Elizabeth House is a purpose-built care home. There was sufficient dining and communal lounge areas for

people to use and choose from within the service. People had personalised rooms which supported their individual needs and preferences.

- People have access to outdoor garden space and can access the service's café to enjoy a quiet area or to see their visitors in private.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect.

At the last inspection in July 2018, staff's practice and behaviours were not always caring, person-centred or treat people with respect and dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and the service was no longer in breach of regulatory requirements, but further improvements were still required.

Ensuring people are well treated and supported; equality and diversity.

- Comments made by people about the quality of care received were mostly positive. Comments included, "I'm happy here, nobody's ever unkind to me, they're good girls" and, "I can't fault it here, staff are wonderful." Other comments were not so favourable and included, "Some of the others [staff] are good, but some are heavy handed, especially the night staff. They sometimes turn me, and press on my hip and it hurts me. Then they [staff] say, we're not hurting you, how do they know?" and, "Some of them [staff] are a bit dismissive, the night staff are not as good, but I will say they're better than they used to be."
- Relatives were complimentary. One relative told us, "The staff are absolutely lovely to our relative. I can't fault any of them."
- While comments about the quality of care provided were mostly positive, improvements were required to ensure positive outcomes for people. This referred as already detailed within the report where people perceived their care to be rushed, where they felt staff were dismissive and call alarm facilities were not always answered promptly.
- Not all people felt they received regular baths or showers and attributed this to staff not having the time to support this activity. One person told us, "I have a bath once a week if they've got enough staff to do it." One person's records confirmed they had received a bath each week. However, another person's records showed over a seven week period they had received only one bath and refused one bath.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives were given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires.
- Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating.

Respecting and promoting people's privacy, dignity and independence.

- People's dignity and privacy was respected. People received support with their personal care in private, staff were discreet when asking people if they required support to use the bathroom to have their comfort

needs met.

- People's independence was promoted and encouraged according to their capabilities and abilities. People told us they could manage aspects of their personal care independently or with limited staff support. The majority of people were able to eat and drink independently. One person told us they visited the local shops on their own most days.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met.

At the last inspection in July 2018, people did not receive responsive care and care plans did not fully reflect people's care and support needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and the service was no longer in breach of regulatory requirements, but further improvements were still required.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; end of life care and support.

- People's care records did not fully reflect people's care and support needs or provide sufficient guidance for staff as to how people's needs were to be met. For example, where people could be anxious and distressed, limited information was recorded detailing known triggers and distraction techniques to be used by staff to ensure positive outcomes. Not everyone had a care plan in place detailing how their social care needs were to be met and the support to be provided by staff, particularly for people who were living with dementia and who remained in bed.
- Staff told us there were people judged as requiring end of life care. There was no evidence to suggest people were not receiving appropriate care. However, no information was recorded relating to pain management arrangements or how the person's end of life care symptoms was to be managed to maintain the person's quality of life as much as possible.
- People's comments about activities was variable. Comments included, "I enjoy the activities, but there are days when boredom creeps in. The television is normally on, but I can't hear it, and I go to sleep because I'm bored" and, "I'd like more [activities] if I'm honest. We're lucky because we've got each other [pointing to their friend]." Although people were offered the opportunity to participate in activities throughout the day, not all people were supported to take part. For example, two people used to attend the knitting club but were no longer supported by staff to do this. Both people confirmed this as accurate and stated they would like to join in but were unclear as to why this had stopped.
- Where people remained in bed, they received little opportunities for social interaction and stimulation. This meant there was a risk that people were at risk of social isolation. For example, over a 17 day period, one person received a total of 20 minutes one-to-one support for social activities.

Improving care quality in response to complaints or concerns.

- People and their relatives felt able to raise issues with the service. One person told us, "If I ever had any complaints I would talk to my relative, and they'd sort it for me. I know they sometimes go to see one of the managers if they're not happy about things."
- Arrangements were in place to ensure complaints and concerns were recorded and investigated, but evidence of outcomes were not always evident despite several attempts by the registered manager to gain

this information from the organisation's head office.

- A record of compliments was maintained to evidence the service's achievements. One compliment recorded, 'Big improvement in [relative's] care since new manager and issues have been dealt with properly.'

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection in July 2018, the provider had failed to make sure there were suitable arrangements in place to assess and monitor the quality and safety of the service provided; and to effectively achieve compliance with regulatory requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and the service was no longer in breach of regulatory requirements, but further improvements were still required to achieve full compliance with this regulation.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered provider's quality monitoring was not effective in identifying the concerns found at this inspection. Areas which required improvement, for example, ensuring response times to people's call alarm facility were improved and monitored to support people's care needs, care planning and risk management arrangements; and making sure people received meaningful social activities, were not picked up by the provider's quality assurance arrangements.
- We discussed this with the registered manager. The registered manager confirmed that the provider and themselves were committed to ensure the service's quality rating improved and positive outcomes for people upheld. An assurance was provided that all areas of the service would be continually monitored to ensure compliance with regulatory requirements achieved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A manager was in post and they were registered with the Care Quality Commission.
- The registered manager was present on both days of inspection. Feedback of the inspection findings was completed with the registered manager and senior management team.
- People's and relative's comments about the registered manager and overall management of Elizabeth House was positive. Comments included, "Oh yes, I know her, she's very nice. I'd certainly feel I could talk to her if I needed to" and, "The home has improved in several areas in the last few months. It's going in the right direction as far as I'm concerned. [Name of registered manager] is making a difference here and I'm delighted with the changes."
- Staff confirmed to us that morale within the service was much improved. Staff verified that the level of support they now received from the newly appointed registered manager and deputy managers was a contributory factor to the improvements at Elizabeth House since July 2018. Comments included, "Team



morale is boosted because of the support" and, "To be honest, it's a lot better. A lot of things were wrong previously, you came on duty and just followed what others did. The manager monitors what's going on. She's a good manager, approachable, appreciates what we do and says thank you. It makes you want to go above and beyond."

- The quality rating of the service was displayed in accordance with the law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Where issues were raised, an action plan was completed detailing how these were to be monitored and addressed. Meetings were also held for people living at Elizabeth House and their relatives or representatives.

Continuous learning and improving care; working in partnership with others.

- Discussions were held as part of routine staff meetings or spur-of-the-moment meetings to discuss lessons learned and to look at continuous learning to improve the quality of care people received. For example, in November 2018 a meeting was held to discuss the Local Authorities most recent visit to the service and their findings.
- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.
- Evidence as detailed throughout this report demonstrated the provider's and registered manager's commitment to making the required improvements and showed they were committed to learn from past mistakes and to take the Local Authority's and Care Quality Commission's concerns seriously to improve outcomes for people using the service.