

Runwood Homes Limited

Kathryn Court

Inspection report

84 Ness Road
Shoeburyness
Essex
SS3 9DH

Tel: 01702 292800

Website: www.runwoodhomes.co.uk

Date of inspection visit: 8 July 2014

Date of publication: 14/11/2014

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 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

The last time we inspected the service was on 19 December 2013 when the service was compliant with the Regulations assessed.

This inspection was unannounced.

Kathryn Court is a purpose built care home that provides a service for up to 52 older people who have care needs with or without dementia. The home offers accommodation over two floors. There are two shared bedrooms, the rest of the bedrooms are for single occupancy. All rooms have an en-suite facility. The service was fully occupied when we inspected it.

Summary of findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. At the time of our inspection a registered manager was in place.

During our inspection we spoke with 22 people using the service, nine relatives and two visiting professionals. We spoke with the manager deputy manager and six members of staff.

People were happy with the service they were receiving and we received many positive comments about the service, the management and the staff team.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies, procedures and information available in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that the service was applying these safeguards appropriately. This was through assessing people's capacity and making appropriate referrals to the supervisory body, (the Local Authority,) if people's liberty was being restricted.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way. From the six people's plans of care we looked at we found that the information and guidance provided to staff was, apart from two instances, clear. It would enable them to provide appropriate and individual care. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe.

During our observations throughout the day we saw that staff clearly knew how to support people in a way that the person wished to be supported. We found that sufficient numbers of staff were being provided to meet people's needs.

Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs and work in ways that were safe and protected people.

We saw that staff respected people's privacy and dignity and worked in ways that demonstrated this. Staff knocked on people's doors, asked for permission before providing any personal care, and used curtains and blankets when hoisting or carrying out care to protect people's dignity.

Records we looked and people we spoke with showed us that the social and daily activities provided suited people and met their individual needs. People could make their own decisions about if they undertook activities or not. People's preferred daily routines had been recorded and we saw that staff respected these.

Records viewed showed that people were able to complain or raise any concerns if they needed to. We saw that where people had raised issues that these were taken seriously and dealt with appropriately. People could therefore feel confident that any concerns they had would be listened to.

The provider used a variety of ways to assess the quality and safety of the service that it provided. People using the service and their families were consulted with. The organisation undertook a range of monitoring and areas such as health and safety and medication were regularly audited.

The management team at the service were well established and provided good and consistent leadership.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People living in the service felt safe. Staff were well informed about how to recognise any abuse and also how to respond to any concerns correctly.

Management and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS.) Where there were risks associated with people's care needs we saw that these were assessed and planned for. This ensured that people were cared for as safely as possible.

A sufficient number of staff with the appropriate skills were employed at the service. People we spoke with told us that there were enough staff on duty to meet their needs safely.

Good



Is the service effective?

The service was effective.

People and their families were happy with the care and support they received to meet their care and healthcare needs. People had been involved in saying what their care needs were and how they wished these to be met.

People were happy with the food provided at Kathryn Court. People were offered choices to encourage them to eat and drink well. People's nutritional wellbeing was monitored and any concerns acted on.

Staff had the knowledge and skills to meet people's diverse needs. Staff received a good induction and on-going training and supervision to ensure that they were well trained and supported in their role.

Good



Is the service caring?

The service was caring.

The service had a warm and welcoming atmosphere. Staff were friendly and caring in their approach to people and their families. Staff demonstrated good practices and worked in ways that ensured that people's dignity and privacy was maintained.

People had the opportunity to comment on the service and their individual care. People told us that staff listened to them and acted on what they said.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed planned for and monitored. Any changes were noted and support sought from other professionals or agencies as required. This ensured that people's needs were met.

People were able to raise any complaints about the service. We saw that issues raised were acted on. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good



Summary of findings

The service provided various activities for people to take part in if they wished. A range of opportunities were provided to try and ensure that the service was responsive and met individual needs.

Is the service well-led?

The service was well-led.

The service had a strong and stable management team in place. People knew who the manager was. They told us that the manager did a good job, was approachable and provided a well-run home for them to live in.

The service had good systems in place to monitor the quality and safety of the service. This ensured that people lived in a home that was safe, monitored and well managed.

Good



Kathryn Court

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was completed by an inspector. Before our inspection we looked at and reviewed the provider's information return. This is information we have asked the provider to send us to explain how they are meeting the requirements of the five key questions: Is the service safe, effective, caring, responsive and well-led?

We reviewed other information that we held about the service such as notifications, which are events that happen in the service that the provider is required to tell us about, and information from other agencies.

During our inspection we spoke with 22 people living at the home, nine relatives, six care staff, the registered manager and the deputy manager. We also spoke with two visiting professionals.

Not everyone who used the service was able to communicate verbally with us. We used observations, speaking with staff, care records and other information to help us assess how their care needs were being met.

As part of this inspection we reviewed six people's care plans and care records. We looked at three staffs' induction, training and supervision records. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance, safety and fire records.

Is the service safe?

Our findings

When we spoke with people living in Kathryn Court they told us that they felt safe and secure. No one we spoke with raised any concerns about how staff treated them. People made comments such as, “You could not wish for better staff. They are all very kind,” and, “I feel quite safe and I know that help is at hand.”

Staff training records seen showed that staff had received training in the protection of vulnerable adults. The service had policies and procedures in place, and information was on display to guide practice and understanding. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. They were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside of the service and organisation. This showed that staff were aware of the systems in place to protect people.

We had a discussion with the manager and deputy manager about the Mental Capacity Act 2005, (MCA,) and Deprivation of Liberty Safeguards, (DoLS.) We saw that the service had up to date and appropriate policies and guidance available to guide practice. Staff training records showed us that staff had undertaken training in MCA and DoLS. When we spoke with staff they confirmed that they had undertaken training and demonstrated an awareness of the issues around people’s capacity.

The manager confirmed that they had made a number of recent referrals under DoLS due to changes to guidance in this area. All applications to deprive someone of their liberty had been assessed by the supervisory body, (the Local Authority,) and three applications had been approved. The service was waiting for formal notification of the approval before notifying the Care Quality Commission as required. We saw from people’s care records that people’s capacity to make day to day decisions had been assessed where appropriate. This showed us that the service knew about protecting people’s rights and freedoms and made appropriate referrals to keep people safe.

During our inspection we saw that people moved around the building and outside following their own routines.

People told us that they could come and go as they wished. The manager told us that about 12 people using the service knew the door exit/entry code so that they could go out without reference to staff. One person told us, “Out of courtesy I let staff know if I am going out but there is a good level of choice and freedom to do what you want here.” Another person told us, “You are your own boss, you can come and go as you like.” One person spoken with was not sure if they could go out unaccompanied by staff, which they said they would like to do. They thought that they could not go out alone because of insurance considerations. With their agreement we discussed this with the manager who undertook to speak with the person and reassure them.

We looked at staffing levels in the service. From looking at staffing rotas and talking to the manager and staff we found that appropriate staffing levels were being maintained. The care team were supported by management, catering and housekeeping staff. People spoken with felt that staff were available to support them when they needed assistance. One person said, “I have always found that the staff come quickly when I need them.” Another person said, “Sometimes during busy periods you might have to wait a bit but it is not too bad.” During the day of our inspection we saw that there was usually a staff presence in communal areas to support people. Call bells were answered promptly. Three people being cared for in their beds looked comfortable and well cared for. Their care records for fluids and turning were well maintained and up to date. Our findings therefore indicated that sufficient staffing was being provided to meet people’s needs and care for them safely.

We looked at six people’s care records and saw that risks relating to their care were assessed and plans were in place to minimise risk. For example, risk assessments were in place in relation to falls to help minimise the risk and keep people safe.

The service had a disaster contingency plan in place. Records showed us that staff were trained in fire procedures and were involved in regular drills. This meant that they would understand emergency procedures and act appropriately to keep people safe.

Is the service effective?

Our findings

People received effective care and support which took account of their wishes and preferences.

People and their families told us that they were consulted with about their care needs. One person told us, “They ask you about what you want and what you like and don’t like.” We saw that care records included a document called ‘My Day’ where people had been able to say what was important to them, how they wanted their care to be delivered and what their preferred routines and interests were.

Relatives told us that they were consulted with, kept informed of any changes and could have discussions with the manager or staff at any time. This showed us that communication between people using the service and the staff team was good.

We spoke with five members of care staff who were knowledgeable about people’s individual needs and preferences. Staff told us, “We get plenty of training,” and, “You get good support and we work as a team.” We saw from records, and staff confirmed, that they had completed an induction programme at the start of their employment. Records viewed showed us that staff received regular supervision and an annual appraisal to support them in their role. Staff spoken with confirmed recent training undertaken such as infection control, medication awareness and a dementia workshop. Training records viewed showed that good levels of training were being maintained. Staff had been trained in dementia care and nine staff had trained as dementia champions to support and promote good care and practice in this area. This ensured that people received care and support from an effective and skilled staff team.

Each person who lived at the service had a care plan in place which was personal to them.

We looked at six care plans during our inspection. We found that they provided staff with adequate information to enable them to provide people with individualised care. We did however find shortfalls in two of the care plans reviewed. One person’s needs had recently changed but their care plans had not been updated to reflect the fact that they were now being supported and cared for in bed. Another person with behavioural issues had assessments, evidence of professional interventions and a behavioural

monitoring chart in place. However, there was no actual care plan in place in relation to their behaviour to advise staff of the best approach to be used. This would not assist in providing staff understanding and a consistent approach to meeting their care needs. Although these shortfalls were noted it was clear from discussions with staff that they were aware of people’s changing needs and offered appropriate care and support.

We saw that care plans had been signed by people or their families to indicate their agreement to care assessments and planning. Care plans were kept under regular monthly review. Every three months people and/or their families were formally consulted with to check if they were still satisfied with the arrangements in place.

The manager told us, and showed us, that the service were about to introduce completely new care assessment, planning and monitoring documentation. Training had been undertaken and the new system was to be rolled out soon after our inspection. We saw that the new system provided a much more person centred approach and would provide clearer and more concise information for staff.

During our inspection we saw that staff communicated and interacted well with people using the service. People living with dementia were well supported and encouraged to engage in conversation and social activity.

People told us that they were happy with the food provided at Kathryn Court. People said, “The food is good and there is plenty of choice,” and, “The food is very good considering the number of people they have to please. I can have my meals in my room if I want or go to the dining room.”

The manager told us, and we observed, that lunchtime arrangements had been improved to ensure that people received a more individualised service and greater choice in how their meals were served. Although people had chosen their meal prior to the meal time they still had a chance to change their mind and select an alternative. Meals were served individually to order. We saw that the manager and deputy manager were monitoring the new arrangements by assisting at mealtimes and being present in the dining rooms. Following the meal we saw that the cook went round the dining rooms to check that everything had been satisfactory for people. They recorded any comments positive or negative so that people’s views could inform any changes or improvements needed. We saw that

Is the service effective?

a recent catering survey had been undertaken. The results of this showed that people felt that: Mealtimes were never rushed, there was sufficient food and drink provided throughout the day, the dining experience was good and that plenty of choice was offered. This showed us that the service sought to be effective by consulting with people, making improvements and ensuring that they were adhered to.

People's care records viewed showed that people's nutritional needs were assessed and monitored to ensure their wellbeing. The cook told us that they were kept informed of any changes to people's nutritional needs so that they could provide any different or additional dietary support needed.

Is the service caring?

Our findings

During our inspection we spoke with 22 people using the service and nine relatives. All made positive comments about the staff team such as, “The people here are very kind,” “I get on well with all the staff,” and, “I find that the staff are patient and caring.” One relative summarised their views by saying, “The way I look at it is, would I be happy to live here, and do you know I would, that is all I can say really.”

There was a warm and friendly atmosphere in the home. People looked comfortable with the staff who supported them. We saw that people chatted and socialised with each other and with staff.

Staff worked as a team and demonstrated a good attitude to their role. A member of the domestic team told us, “We like to get to know the residents, especially those with dementia so that we are familiar faces to them. We have a chat with everyone as we go round.” We saw that when staff were cleaning people’s bedrooms, if the person was present there were good interactions.

People told us that their privacy and dignity was protected. One person told us, “I never feel embarrassed by needing help, the staff make sure that all goes smoothly and with no drama.”

All rooms had door knockers in place which we saw that staff used before entering people’s rooms. Domestic staff asked people’s permission before going in to clean people’s bedrooms.

When staff were assisting people using a hoist we saw that they shut the curtains to prevent people outside from seeing in, used a ‘dignity blanket’ and explained what was happening at every stage. A member of staff told us, “We never used to have dignity training but we do now and it is good.” Two staff had also completed dignity champion training to support and promote good practice. There were small reminder cartoons around the home with messages such as, ‘Dignity in care is all about the individual.’

We saw that people were encouraged to be independent. One person told us, “I am so much better now and have just started walking again.” Another person said, “They

encourage you to do what you can for yourself which is nice.” At lunchtime a member of staff told us, “We encourage people to be independent with eating, but keep an eye and provide assistance whenever needed.”

People told us that their healthcare needs were well provided for. One person said, “I have my feet done regularly and all that sort of thing. They do their very best to keep you healthy.” Another person told us, “I see my doctor regularly. They are helping to sort me out here.”

People’s care records showed us that the service involved a range of other professionals in people’s care such as the community dementia nurse specialist, district nurses, dentists, general practitioners and various hospital specialists. We spoke with a visiting district nurse during our inspection. They told us that they had no concerns about the service and that they provided good quality care. Another visiting professional told us that the staff team were always welcoming, friendly and helpful.

When we conducted observations we saw that staff interacted well with people and had a courteous, caring and patient approach. Staff did not rush people and gave them time to make decisions. For example, one member of staff took time explaining someone’s choices about having their hair washed. They repeated the information several times gently encouraging the person to make their own decision. Another member of staff was assisting someone to walk to the dining room and took their time offering rest stops and assistance as needed.

This showed us that ensuring that people received care that respected their privacy and dignity was a high priority in the service.

People told us that they had the opportunity to express their views about their own support and the service. One person told us, “The staff listen to you and do what you ask.” A relative told us, “The staff and the manager are always available to talk to. Sometimes you need to keep them on their toes a bit with different things but they always listen and act on what you say.”

We saw from minutes recorded that regular meetings were held for people using the service to discuss any issues and make suggestions. The manager told us that the activity coordinator chaired a committee of about four or five people who put forward suggestions for activities and developments in the service. Relatives meetings were also held and we saw from minutes that they were encouraged

Is the service caring?

to be involved and utilise skills in support of the service. For example, one relative had undertaken a lead role in the recent development of the garden area and the raised bed sensory garden. People using the service were also involved in this. When we arrived at the home we saw that

one person was outside watering the garden. Later another person was showing us an advertisement for plants that they had just seen in the newspaper. They told us, "They will be lovely for the garden."

People and or their families were consulted with about things that were important to them. People's views were sought and acted on.

Is the service responsive?

Our findings

People spoken with were happy with the level of occupation and activity available to them. And felt that it met their individual needs. People told us, “There is always something going on and you can join in or not as you please. Even in this hot weather we have been keeping up with a bit of light exercise,” “There is always plenty of activity,” and, “We have a lot of parties here.” A relative told us, “I am over the moon. I have not got a bad word to say. People are happy and the stimulation is excellent.” The service employed an activities coordinator to support activities and entertainments in the service.

The six people’s care records that we reviewed showed that issues such as falls and changing healthcare needs were responded to. We saw that care plans were always reviewed following a fall or incident to see if any amendments or changes to the person’s plan were needed. People’s weight and general health was monitored and referrals to a dietician or other professionals were made if there were any concerns. One person told us, “They always notice if you are not yourself and offer help.” Another person told us, “I am feeling a bit unwell at the moment but the staff are doing everything they can.”

We saw that the service was responsive in its approach to supporting people and their families. They had a flexible approach. For example, on the day of our inspection we saw good interactions between staff, management and a number of family members. This included supporting a partner to stay for a meal and then making arrangements and supporting them to get home.

During our inspection we saw that a mobile library visited and was used by people. People told us that they had been out to the local supermarket and public house. The service had links with two local churches and some people attended clubs and activities arranged by these. This showed us that people had opportunities to get out and about in the local community.

Throughout the inspection we saw that staff consulted with individual people about their choices and were responsive to them. For example one person wanted to return to their room and were promptly supported to do so. A member of staff told us, “The teamwork is very good we all work together to meet people’s needs.”

A complaints procedure was available and on display for people so that they would know how to raise any concerns. We saw from the five complaints recorded so far for 2014 that the service recorded people’s concerns and investigated and responded appropriately. The concerns recorded showed us that people felt able to raise any issues and that the service was open in their approach to looking into matters.

People using the service and their families felt that the service was responsive if they had any queries of concerns. One person told us, “If there is anything I just speak to [the manager] or [deputy manager] and I know they will sort it out.”

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a deputy manager and other senior staff. We saw that people using the service and staff were comfortable and relaxed with the manager and deputy manager. Both demonstrated an excellent knowledge of all aspects of the service, the people using the service and the staff team.

We received many positive comments about the service and how it was managed and led. People told us, “The home is very well organised and run,” “[The manager] is very good it is a very well-run home,” “It is a very happy, lively home,” and, “It is a very well-run place, well it has to be.” A visiting professional told us, “It is a well-run home, they are very ‘on the ball’ with everything.”

We saw that the manager and deputy manager were well known and referred to by name by people using the service. They were fully accessible to people and spent time out and about in the home, seeing what was going on, talking to people and supporting staff. At lunchtime both covered different dining areas of the home to ensure that the new lunchtime procedures were carried out and effective.

The manager made themselves available on one evening each week for a ‘surgery.’ This was to provide any people who may not be able to visit during the day with the opportunity to see them and discuss any issues. We saw that out of hours contact details for the manager and other senior managers in the organisation were on display for people to use should the need arise. This meant that if people had concerns or other issues they wanted to discuss they could always contact somebody in authority.

Through discussion it was clear that the manager had the desire to keep moving the home forward with the setting up of the new care planning system, encouraging greater involvement from people using the service and their families and developing dementia services.

People had the opportunity to express their views about the service through three monthly meetings, activity committee meetings and through individual reviews of their care. We saw that a recent catering survey had been undertaken to gain people’s views about this aspect of their life.

Staff meetings were held and we saw from minutes that these provided the opportunity to discuss practice issues and keep up to date with new procedures.

The service had robust auditing and monitoring procedures in place. The manager undertook a monthly ‘self audit.’ This monitored various aspects of the service such as health and safety, care plans, training and development, activities and hotel services. A compliance visit was undertaken monthly by a senior person in the organisation who checked the ‘self audit’ and spent time in the service speaking with people and reviewing the quality of the service. As well as this we saw that specific audits were undertaken in relation to areas such as medication and health and safety.

We saw from records that falls and other incidents were well recorded and monitored through a monthly falls and accident analysis. An operations report was also completed weekly so that falls and other aspects of the service were monitored centrally by the organisation.

This showed us that the organisation sought to provide people with a good quality and safe service.