Runwood Homes Limited

Carolyne House

Inspection report

Waterson Road
Chadwell St Mary
Essex
RM16 4LD

Tel: 01375843756

Date of inspection visit:
07 February 2020

Date of publication:
17 March 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Carolyne House is a care home providing personal and nursing care to 52 people at the time of inspection. The service can support up to 52 people. Carolyne House accommodates people across two separate floors. Each floor provides care and support to people with different needs, including residential, nursing care and some people living with dementia.

People's experience of using this service and what we found
There were not always enough staff adequately deployed or on duty to meet people's needs in a timely way. People consistently told us there was not enough staff. Staff were not able to spend meaningful time with people. Following our feedback, the provider increased staffing levels. Procedures had been followed to ensure staff were recruited safely. Risk assessments were carried out and overall these were managed well. Staff understood how to protect people from the risk of abuse and how to report any concerns.

Medicines management required improvement. Overall people received their medicines as prescribed, however we identified some concerns in relation to the medicine room being very untidy and cluttered, oxygen storage was not following best practice and a lack of recording in relation to topical creams being applied. We made a recommendation in relation to the storage of oxygen.

Staff training was up to date and staff felt supported by the management team. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us staff were caring and respectful and we saw examples of this throughout the day.People told us there was not enough to do. Whilst the wellbeing lead was enthusiastic about their role their capacity to provide meaningful activity and respond to people who remained in their room or were cared or in bed was limited. Following the inspection, the provider increased the hours of the wellbeing lead from 25 to 40.

The management team regularly completed a variety of checks and audits of the service; however, the audits had not been effective in identifying the concerns we found during the inspection. The management team responded immediately to the feedback to make improvements

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (21 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence the provider needs to make improvement. Please see the safe, responsive and well led sections of this full report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Carolyne 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
Three inspectors carried out this inspection. An expert by experience supported the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge of services for people living with dementia.

Service and service type
Carolyne House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). The manager had started in post just before the inspection and was in the process of applying to CQC to become the home's registered manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before our inspection we reviewed the information we held about the service including previous inspection reports. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We used the Short Observational Framework for Inspection (SOFI). A SOFI is a tool for observing interactions between care staff and people who may not be able to communicate with us verbally. This gives us an idea of what their care experience might be like for the time we are there. We observed the lunchtime meal and conducted a SOFI in the communal lounge.

We spoke with eleven people using the service and eight relatives about their experience of the care provided. We spoke with eight staff, including the manager and the regional operations director. We spoke with two visiting professionals.

We reviewed six peoples care records and other records relating to the management of the service. These included two staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

After the inspection
We received updates from the regional operations director about improvements that had been made, in areas such as staffing, meaningful activities and medicines.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Staffing and recruitment
• There were not always enough staff on duty or suitably deployed to meet people's needs. Five people and four relatives told us staff were not always available when people needed them. One person told us, "I spend a lot of time in my room because there aren't enough. I can't go out on my own. If I ask to go out they say yes but when I say can I go out for a walk they then say no. It's because they don't have anyone to take me." A relative told us, "Occasionally we've been here and [person] has called for help (call bell). They definitely need more staff as no-one comes for a while."
• Another person who told us they had to wait for support pushed their call bell whilst we were there. It took 15 minutes for staff to respond. Other calls we checked were responded to appropriately. A staff member told us, "We need one more staff here. At times when it is busy and you are with a resident and the buzzer is going that is why there is a delay. We can't always answer the buzzer quick."
• Following the inspection, the provider increased staffing levels in a response to our feedback. We will check the effectiveness of this at the next inspection.
• Staff recruitment safety checks were in place and complete.

Using medicines safely
• People's medicines were recorded on all the Medicines Administration Records (MARs) and there were no gaps. Staff undertook training around medicines and their competency was observed and assessed before they administered medicines.
• Medicines were administered on both floors in a positive way. Staff administering medicines took time and explained what they were doing with each person.
• The medicine room was very cluttered and untidy on the first floor. Following the inspection, the provider sent us evidence the room had been cleaned and decluttered.
• It was not always clear if people's topical creams were being applied appropriately. The manager sent us a topical cream chart they had introduced to evidence barrier and preventative creams were being applied.
• Oxygen cylinders were stored within the medicine room; however, this did not follow best practice.

We recommend the provider looks at best practice for storage of oxygen.

Assessing risk, safety monitoring and management
• Risks associated with people's care overall were assessed and managed. Staff understood the risks to people's safety and wellbeing and how to support people to minimise them. Care plans contained risk assessments for areas such as falls, mobility and skin integrity. However, when we arrived we asked the manager if anyone had any pressure sores and we were told they did not. We identified one person with a

pressure sore and the risk assessment related to the skin integrity was not accurate. The pressure sore had not been included in the managers overview. Following this inspection, the manager sent us the updated assessment.
• One person told us, "They're good nurses that look after you." This person went onto explain they had fallen previously in their room before Christmas. The sensor mat had been placed in the bathroom, but they had slipped on their way to the bathroom. Since then, the sensor mat was placed under the chair where they sat, and they had not fallen since.

Systems and processes to safeguard people from the risk of abuse
• The provider had systems in place to protect people from abuse. Staff understood the provider's adult safeguarding procedure and whistleblowing policy. Staff could describe the different types of abuse and what to do if they suspected or identified a person was being abused.
• People told us they felt safe. One person told us, "I feel safe because there are people about. if I lived at home still I'd be scared all the time." A relative said, "The staff have been so good with [person] and [person] trusts them now."

Preventing and controlling infection
• Staff made sure infection prevention and control was considered when supporting people with their specific care needs, such as continence care, and used the relevant Personal Protective Equipment (PPE) such as gloves or aprons when needed.
• Most areas were clean, and the manager responded immediately in relation to our concerns about the first floor medicine room.

Learning lessons when things go wrong
• Accidents and incidents were monitored by the manager and by the regional operations manager for any trends and patterns.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff supported people with their dietary and nutritional needs. Care records described people's individual needs and preferences and how staff were to support them.
• People told us they liked the food. One person said, "We have nice food. I do get a choice as sometimes I eat in my room and sometimes in the dining room. I don't mind which." A relative said, "I think it's very good. There is always something [person] has been able to eat and they like it. They are asked what they would like and there are two different things to choose from."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed, and care treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. However, during the inspection we identified one person who had recently been admitted and their care plan recorded they could only get up if a relative present. The regional operations manager told us this would be reviewed urgently as the person should not have to rely on a relative being present to get up.
• Another person had also been recently admitted and their relative told us, "Been here a week and it is wonderful. It's so friendly, and so calm and kind. It's lovely here what is nice you can just come in here [coffee shop] and have a coffee and have a few deep breaths if you need to."

Staff support: induction, training, skills and experience
• Staff were positive about the training programme provided. One staff member said, "The training is good. It's a mixture of e learning and face to face for things like first aid and fire safety."
• Team meetings were held to provide the staff the opportunity to highlight areas where support was needed, and staff were encouraged to bring ideas about how the service could improve to the meetings. Staff received supervision of their practice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Where people required access to healthcare services, this was organised, and staff followed guidance provided. A healthcare professional told us, "They are very good with pressure ulcer prevention. It is the best home for that. They are on the ball and put preventative measures in place."
• People and their relatives were confident prompt health input was arranged when it needed to be. One person told us, "I just have to say to staff that I think I need to see a doctor. It's all arranged nicely next time the doctor comes." The person added staff noticed if they were feeling poorly. A relative said, "Each time a doctor has been needed it's happened. We feel confident this is done well as they do take health seriously."

Adapting service, design, decoration to meet people's needs
• We observed people were relaxed and comfortable in the service. People had been supported to personalise their bedrooms with their own belongings, such as family photographs, memorabilia and soft furnishings.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. Care records highlighted where people could make their own decisions and how they could be supported to be as independent as possible. Staff had received training on the MCA and DoLS.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• Staff were kind, considerate and treated people with respect. One person told us, "Staff are very nice and they look after me. They like my room and tell me how lovely my animals are. We have a little laugh about them." A relative said, "They are very kind and very good. They make you laugh and they're always friendly." • Staff knew people well and there were lots of positive interactions between staff and people. One staff member told us, "I will be with [person] today so we can go for a walk. We record this in people's rooms." A healthcare professional said, "Staff seem kind and caring. I have never seen anything negative. It smells clean and fresh and people seem well looked after."

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives told us they were able to express their views and were involved in decisions about their care. One person told us, "I can chat to them about anything. if I want to know something they will find out they're good like that." Another person said, "I like to sleep with my door open. I feel as if I can't breathe if it's shut and they always make sure it's open for me. They ask me every night if that is what I want."
• Records showed people were involved in meetings to discuss their views and make decisions about the care provided.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were being assisted. One person told us, "They close the door and they put a towel around me when I finish washing too."
• People's care plans provided staff with guidance about promoting people's privacy, dignity, respect and independence.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• Whilst there was a very enthusiastic wellbeing lead in place, people and their relatives told us there was not much to do, particularly for people who were cared for or chose to remain either in bed or their room. One person told us, "There isn't enough to do." The person explained they spent most of their time in their room. They added, "'They do have hairdressing and Bingo and they told me I could do crayoning but that's not really my sort of thing. It's a bit boring." The person told us they had wanted to do knitting when they first arrived, and staff agreed to sort this for them. However, this had never happened.

• There were a lot of people cared for in bed at Carolyne House and following a discussion with the regional director they agreed to review everyone cared for in bed to ensure this remained people's preferences or that staff were following advice from healthcare professionals. The regional director subsequently sent this information with additional actions needed to reduce people's risk of social isolation as part of their report.

• Following the inspection, the provider told us they had increased the hours for provision of activities, we will check the effectiveness of this increase on our next visit.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• We observed a tea trolley brought into the lounge, the staff member wore gloves and handed people biscuits from a tin. People did not get a choice and the process was very task led. When we spoke with people about this, views were mixed about whether people could have a cup of tea or coffee when they wanted. One person told us, "They've got a set pattern. They bring the tea and coffee round at set times with a biscuit. When we asked if they could get a cup of tea at another time, they said, "I don't think so I've never tried. I think you're meant to wait for the trolley." Another person said, "I think they would make you something if you asked for one, but I don't like to ask. They have so much to do." We brought this to the attention of the manager who told us they would discuss this with staff.

• The care plan files we looked at were informative, regularly reviewed and reflected the needs of the people living at the service. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs. However, it was not always easy to see if people's preferences for bathing and showering had been met. For example, one person's care notes did not specify if a person had received a shower for four weeks. The manager told us staff should record a symbol when the person had received their shower, but this was not always happening, and people were not always sure they had a choice in this area. One person told us they only had a shower when staff had time whilst another person thought they had several every week.

• Staff we spoke with knew people well. One staff member said, "[Person] needs their bed rails up at all times and needs to be sat up at a certain position for their peg feed. We reposition [person] every four hours." This

matched the person's care plan.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• The provider understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.
• People's individual communication needs were assessed and recorded within their care plan. A relative told us, "[Person] has hearing aids and they notice if they are not wearing them. They have got better at remembering to put them in. They can tell if [person] is feeling a bit left out as the hearing aids make a difference to [person] and they [staff] get this."

Improving care quality in response to complaints or concerns
• The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
• People and their relatives told us they could confidently raise any concerns with the staff or the manager and they were sure these would be addressed. One relative said, "I would speak to the manager but I haven't had to."

End of life care and support
• The provider had appropriate processes in place, with care plans detailing people's preferred wishes so they would be supported in a dignified, personal and sensitive way.
• We spoke to the visiting palliative care nurse who said, "It's a really good service, always had a positive experience. Nurses and staff are brilliant and the managers are always effective. If you ask them to do something they will. They will always contact us for advice."

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The provider had just appointed a new manager who was in the process of applying to register with CQC.
• Systems in place to monitor the performance of the service had not identified the concerns people and their relatives had in relation to staffing and provision of activities.
• We found pressure on staff had compromised the delivery of person-centred care. One staff member said, "We are fully staffed but because people have such high needs and have become more demanding and it doesn't feel like enough."
• Audits had not identified people wanted more to do particularly people who chose to stay in their rooms. This visit found the provision of activities did not provide enough stimulation for people who used the service and placed people at risk of social isolation.
• The provider responded to our feedback by increasing staff and activity hours immediately following this inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People, relatives and staff were positive about the appointment of the new manager. One person told us, "She is very nice and will stop and have a little chat sometimes." A relative said, "I see her every day she always stops by and has a chat. She asks how [person] is and she makes sure I'm alright too. She's absolutely approachable and you can discuss anything with her." A staff member told us, "I hope the new manager will be good. She knows us and the job as she has done it all like us."
• Staff we spoke with were keen to provide a good quality service for people. One staff member told us, "We are a good team, so we carry on and do our best job." Another staff member said, "I tell you we are very good. The manager is good too."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The provider understood and met their duty of candour. Any concerns raised by people were investigated and actions taken where required.
• The manager understood the importance of contacting the local authority safeguarding team or CQC should any reportable incidents occur.
• The service had responded straight away to the concerns identified during the inspection.

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

• Staff meetings were held, and all aspects of the service were discussed, for example people's care needs, rotas, safeguarding and health and safety. Staff told us they felt these were a useful opportunity to give feedback on how things were going or raise any concerns they may have.

• Satisfaction surveys were undertaken for people who used the service and relatives.

Continuous learning and improving care: Working in partnership with others

• The service worked in partnership with other organisations to make sure staff followed current practice. These included healthcare professionals such as the falls prevention team, dieticians, speech and language therapists, GP's and district nurses. This ensured a multi-disciplinary approach had been taken to support people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety. A healthcare professional said, "If I ask them to do something they will follow up on it."