

Runwood Homes Limited

Alexandra House - Harlow

Inspection report

Hamstel Road,
Harlow,
Essex,
CM20 1BU

Tel: 01279 454521

Website: www.runwoodhomes.co.uk

Date of inspection visit: 2 and 3 December 2014

Date of publication: 16/06/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection of Alexandra House – Harlow took place on the 02 and 03 December 2014. Alexandra House is a purpose built nursing home for up to 106 older people who may also have care needs associated with living with dementia.

A registered manager was not in post, although the newly appointed manager was in the process of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's health care needs were assessed, and care planned and delivered in a consistent way. However, we found that the information and guidance provided to staff was not always clear. It would not always enable

Summary of findings

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.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and 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 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.

People were happy with the service they were receiving and we received many positive comments about the service and the staff team. During our observations throughout the day we saw that staff clearly knew how to support people in ways that they wished to be supported. We found that sufficient numbers of staff were being provided to meet people's needs. People's medication was managed by trained staff to ensure that they received these in a safe and timely manner.

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. Staff respected people's privacy and dignity and worked in ways that demonstrated this. Staff asked for permission before providing any personal care or any activity.

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

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 service 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 service undertook a range of monitoring and areas such as health and safety and medication were regularly audited.

The management team at the service had been changed over the recent months and a newly appointed manager was in place.

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 told us that they felt safe. Relatives told us that they had no concerns about the care people received or the way they were treated.

Staff were well informed about how to recognise any abuse or potential abuse and also how to respond to any concerns correctly.

People received their medication safely and from trained staff. There were also sufficient numbers of trained and skilled staff to support and meet people's needs.

Good



Is the service effective?

The service was not consistently effective.

Staff had a lack of understanding regarding the MCA and DoLS.

People's healthcare needs were met. The service worked with other professionals to ensure that people received on-going support with any healthcare needs.

Requires improvement



Is the service caring?

The service was caring.

People's comments relating to the quality of care received was positive.

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 were maintained.

People had the opportunity to comment on their individual care. Staff listened to people and acted on what they said.

Good



Is the service responsive?

The service was responsive.

People's care was personal to their needs and they were involved in the planning of their care.

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

Good



Is the service well-led?

The service was not consistently well-led.

Requires improvement



Summary of findings

The service had a new management team in place. There was not a registered manager in place. the service's management team had not been stable in recent months prior to the new manager being in place.

Staff morale was good and the service had a positive person centred culture.

Alexandra House - Harlow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 & 3 December 2014 and was unannounced; this meant that the provider and staff did not know that we would be visiting.

The inspection team consisted of three inspectors.

Before we carried the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the provider has to let the CQC know about. We also reviewed safeguarding alerts and information from a local authority.

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 also completed informal observation to see how the staff interacted and supported people. We reviewed the care records for eight people and records about how the service was managed which included medication audits.

We spoke with 11 people who use the service and five relatives. We also spoke with the four visiting healthcare professionals and 10 members of staff which included the service's care manager, deputy manager and regional manager.

Is the service safe?

Our findings

People told us that they felt safe living at the service. Comments received included, “I feel very safe here, they [staff] look after me very well.” Relatives told us they were very happy with the care that their relatives received and felt they were kept safe. One relative told us, “They [relative] is kept safe and well here, it is a huge weight off of my mind.”

People were protected from the risks of potential abuse or harm. Staff had received training in the protection of people from the risk of abuse. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. The service had policies and procedures in place, and information was on display to guide practice and understanding. They were also aware of the whistleblowing policy which meant they knew how to access the appropriate agencies outside of the service if required.

The service had appropriate arrangements in place for managing the risk to people’s safety. They had completed risk based assessments for people; these were around people’s individual needs whilst within the service. These assessments were detailed and the information provided enabled staff to support people safely. For example, where people were at high risk of falls, this had been assessed and appropriate risk assessments were in place.

There were sufficient numbers of staff on duty to ensure people were safe and had their needs met. Staff told us

that there were enough staff on each shift to ensure people received the support they required. Comments received included, “We are very busy at times but we are able to meet people’s needs.” Call bells were answered promptly.

The manager reviewed staffing levels on a regular basis, staffing rotas confirmed that staffing levels were maintained. The manager informed us that if there were unforeseen shortfalls in the staff numbers and cover could not be provided from employed care staff, they would contact an agency. This ensured that people received care from staff that knew them and understood their needs.

Staff were recruited in an appropriate and safe way. Staff files contained records of interviews, references, full employment histories, and Disclosure and Barring Service (DBS) checks. This meant that people were supported by staff that were deemed suitable to meet their needs.

People’s medication was managed by trained staff to ensure that they received these in a safe and timely manner. Medication was stored safely. We observed medicines being given to people and saw that this was done in line with people’s wishes. The nurse checked people’s medication before dispensing and communicated with people throughout the process.

We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and dated. We reviewed ‘as required’ medication and saw there were clear explanations as to when these should be administered within people’s care plans. Regular quality audits were taking place to ensure people’s medication was managed safely.

Is the service effective?

Our findings

People we spoke with told us that they were cared for by staff that understood their needs. One comment we received was, “They [staff] are good to me, they really look after me well.” Relatives we spoke with were happy with the care that was being provided to their family members.

The service had policies and guidance available to support practice. Staff had undertaken training in MCA and DoLS. They demonstrated an awareness of the issues around people’s capacity and to consider people’s best interests when supporting them to make decisions. People’s capacity and ability to make informed decisions had been assessed. They were supported by staff that understood them. Although the manager knew how to make an application for consideration to deprive a person of their liberty, we found that the provider had not always followed guidance and protected people’s rights. For example, relating to the use of electronic recording devices. We saw that the appropriate assessments and documentation were not always in place to ensure that people’s human rights and best interests had been considered before implementing the use of such a devices and although immediately addressed during our inspection this did mean that one person had been cared for without due consideration for their rights and choices for some time prior to our inspection. We consider that this situation would not have been reviewed and addressed by the provider had we not inspected the service and identified the concern.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt supported at the service and they attended on-going training on a regular basis. One staff member of the care team told us, “The training has been good, it reflects and helps me do my job effectively.” Another member of staff said, “We attend training and also we have online training which is good.”

Staff were knowledgeable about people’s individual needs and preferences. Staff told us that they had access to training which included relating to people’s specific needs.

For example, end of life care and dementia this enabled staff to have the knowledge and skills to care for people. They were confident that they had the skills to meet people’s needs.

We found that staff received an induction when they started working in the service. Staff told us that their induction had been good and informative. Staff were encouraged and supported to achieve further qualifications. One member of staff told us that they were undertaking a national qualification in health and social care.

Staff received regular supervision and an annual appraisal to discuss their practices and skills to ensure they had up to date knowledge to meet people’s needs.

People had enough to eat and drink. One person we spoke with told us, “The food is ok, there is plenty of choice.” A relative we spoke with told us, “The food always looks wonderful, my [relative] certainly enjoys it, she has been putting on weight since she has been here.”

We observed the lunchtime meal. People were relaxed, staff were socialising with people. Staff supported people with their dietary needs. For example, staff sat with people who required assistance with their meal. People were given the choice of where to eat their meals, such as to eat in the dining room, communal lounge or in their rooms. This meant the service was flexible in its approach to mealtimes to ensure people’s choice was recognised.

Where people had complex nutritional needs the service engaged with other organisations that could offer guidance in regards to people’s nutritional support needs. For example, we saw that staff had contacted the local Speech and Language Team (SALT) for guidance on one person’s dietary and fluid intake due to their medical condition. We saw guidance and recommendations from the SALT team which staff had followed and recorded in the person’s care records.

People’s healthcare needs were well managed. People were happy with the way their healthcare needs were met. One person told us, “They [will always get the doctor to see me if I am not feeling well.” One relative told us, “They [staff] have referred to specialist for my [relative] with regards to his health needs; their [relative] health has improved so much.” Information relating to people’s

Is the service effective?

healthcare needs were recorded. The GP visited people regularly. Staff referred to other health professionals if required. For example the, tissue viability nurse and dentist.

Is the service caring?

Our findings

People told us that they felt the staff were caring. One person told us, “Staff are very kind and caring towards me.” A relative told us, “We are very happy and my [relative] is always happy and compliments the staff all the time.” Another relative said, “Staff are very kind, polite and caring to my [relative].”

People were involved in making decisions about their care, treatment and support. We saw that people or their relatives had been involved in the planning of their care and support, comments received included, “They ask me how I want to do things and they listen to me.”

We observed staff interacting with people in a kind, respectful and compassionate way. People were seen to hold good relationships. Staff spoke to people at eye level and allowed them time to respond. We saw people

responded well to staff’s engagement. One person was watching the news report on the television, a member of staff asked their opinion of the report and the person then proceeded to have a conversation with the staff member about that day’s news.

The service had tried to keep the same members of staff working on certain units. This encouraged staff to develop relationships with individuals and understand their support needs better. This included the person’s preferences and personal life history, however not every person’s life history was completed fully but this was being addressed by the manager.

We observed people’s privacy and dignity being respected. For example, we saw staff knocking on people’s bedroom doors before entering and staff ensured people’s bedroom doors were closed when personal care was being provided.

Is the service responsive?

Our findings

People using the service and their families felt that the service was responsive. Most relatives told us that they were consulted with and kept informed of any changes to their relative's wellbeing. A relative told us, "We are always kept up to date with what is happening with [relative's name]."

Each person had a care plan in place which was personal to them. These were not always clear and easy to understand due to the volume of forms used. Most provided good information to enable staff to care for people in ways that supported their individual needs and preferences including people's dementia specific needs. The manager told us that a new care plan format was being introduced which would ensure all information would be clear and accurate.

People's care needs were regularly reviewed to ensure their changing needs were met. People, their relatives and staff were given the opportunity to contribute to care review meetings. This showed us that the service sought to ensure that people experienced a good quality and safe service.

People were supported to follow their interests and take part in activities that were appropriate. One person told us of a recent activity and said, "I loved it, we sang all the old songs." The activities organiser that had been newly employed by the service told us that they had been provided with information on people's interests and had arranged activities accordingly.

The service had a robust complaints procedure in place. People were encouraged to express their views and raise concerns if needed. One relative told us that they could have discussions with the manager or staff at any time. We saw that the manager worked continuously with people and their relatives to address their concerns and provided ongoing support until people were satisfied with the outcome of the complaint. Complaints were recorded, investigated and responded appropriately.

Is the service well-led?

Our findings

The service had recently recruited a new manager who was in the process of registering with CQC at the time of the inspection. The service had been managed by several different managers over recent months and this had impacted on some staff. One staff member told us, “It has been hard over the past few months with all the manager changes, but I feel confident in the new manager.”

Although the service was well managed and the manager used some quality assurance processes to assess and monitor the service, these had not been recorded regularly. The lack of these records could mean that governance of the service was not robust enough to ensure people’s on-going safety and wellbeing. The manager acknowledged this shortfall. They told us that they used feedback from people, their relatives and staff to continually improve the service for people.

The manager was supported by a deputy manager and other senior staff. We saw that people and staff were comfortable and relaxed with the manager. The manager demonstrated a good knowledge of all aspects of the service, the people using the service and the staff team.

The manager was fully accessible to people. They spent time out and about in the service, seeing what was going on, talking to people and supporting staff. Most staff felt supported by the manager. We received many positive comments about the service and how it was managed and led. One person’s relative told us, “I find the manager very approachable.” A staff member told us, “The manager is very supportive.”

Staff we spoke with told us, “Things are better than they have been in the past; the staff now try to work as a team.” Staff morale was good and they were very positive about their role. Staff meetings were held regularly where discussions held included training and staffing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>This corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>