

Runwood Homes Limited

Stafford Hall

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Stafford Hall is one of a number of services owned by Runwood Homes Ltd. The service provides care and accommodation for up to 40 people who may need assistance with personal care and may have care needs associated with living with dementia. The service has two floors and there is access to these via a small staircase. On the day of our inspection the service was caring for 27 people.

People's experience of using this service and what we found

People felt safe living in the service and had their belongings protected. There were processes in place to ensure that staff knew how to protect people from abuse and where to escalate concerns if they needed to. People had their health and wellbeing assessed and risk assessments were individual to each person and based on their needs. Medicines were managed safely.

Staff received training and development to be able to support people safely which included learning more about specific conditions related to the needs of the people who used the service. Staff were supported to develop within the service and to achieve additional qualifications. People were supported to maintain a balanced diet and were given choices about what they ate and drank. People were supported to maintain their health and wellbeing in line with recommended guidance.

Staff were kind and caring when they supported people and gave emotional support when needed. People were comfortable with staff. Staff knew people well and were able to communicate with people individually based on their abilities. People and their relatives were involved in making decisions about their care. People had their privacy and dignity protected. People's relatives felt welcome at the service.

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, their relatives and staff spoke highly of the registered manager and found them to be approachable. People and their relatives said that they were listened to and felt involved in the service. There were systems in place which supported monitoring the quality of the service provided to drive improvement. The registered manager was actively involved in initiatives to improve the quality of care that people received.

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

Rating at last inspection

The last rating for this service was Good (published 7 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Stafford Hall

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

The inspection was carried out by one inspector.

Service and service type

Stafford Hall 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.

The service had a manager registered with the Care Quality Commission. This means that 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 was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care

provided. We spoke with eight members of staff including the registered manager, deputy manager, senior care workers, care workers, the cook domestic staff. We also spoke with one visiting healthcare professional. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and ensure that their belongings were kept safe.
- People felt safe and protected in the service. Relatives said, "I go home and know I don't have to worry because they are well looked after and they would call immediately if there was a problem".
- Staff had been provided with training and were able to describe the process for identifying signs of abuse and reporting concerns in line with the provider's policies and processes.
- Staff knew about whistleblowing and confidently spoke about the process.

Assessing risk, safety monitoring and management

- Each person had risk assessments specific to their individual needs such as for mobility issues or choking. They were put together balancing the need to keep people safe whilst also maintaining their independence.
- There were 'at a glance' sheets in the front of people's care files which showed key risks associated with people and how to manage them. It included information that staff needed to be aware of about people such as any allergies and particular needs that people had such as how to communicate.
- Environmental risk assessments were carried out to manage and maintain any environmental issues such as fire safety and equipment to ensure that people were kept safe from harm within the home.

Staffing and recruitment

- People told us they thought there was a good, stable staff team. Relatives said, "They are always around when you need them".
- There were enough staff available to meet people's needs. People's needs were reviewed monthly or when they changed and staffing was calculated based on the outcome.
- Robust recruitment checks were carried out before staff began working at the service. This included checks of their identity, qualifications and previous employment history and all staff had received a full criminal record check.

Using medicines safely

- Processes were in place to keep medicines securely and ensure they were ordered, available when needed and administered in line with the prescribed guidelines.
- Staff received training in the administration of medicines and had their competencies checked on a regular basis.
- There was clear guidance in place for the use of 'as required' medicines and homely remedies which

included in what circumstances they should be administered, the dosage and what side effects to look out for.

Preventing and controlling infection

- People and their relatives said the home was always clean and free of bad odours.
- People were protected from the risk of infection. There were cleaning plans in place and staff were provided with training on the prevention of infections.
- There was personal protective equipment available which staff were seen using when they carried out personal care, cleaning or were preparing food.
- Daily checks were carried out to check the cleanliness of the home and audits were carried out monthly to ensure all areas of infection control were adhered to.

Learning lessons when things go wrong

- Staff knew how to report incidents and understood the importance of doing so. Records of incidents included information about what had happened and what action had been taken immediately.
- The registered manager had a system for reviewing incidents and looking for patterns and trends.
- Actions were put in place to prevent incidents from occurring again and to keep people safe. This included speaking with other healthcare professionals for advice and ensuring that staff completed refresher training and competency checks.

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.

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

- People's needs were assessed and monitored and support plans were put together in conjunction with other healthcare professionals to ensure they were following appropriate guidance for people's individual needs. For example, speech and language therapists had been consulted when putting together nutritional plans.
- Staff knew people's needs well and delivered care as detailed in their support plans. There were 'at a glance' plans in place which gave an overview of all of people's needs which staff told us they found helpful.
- Staff supported people to maintain people's oral hygiene in line with NICE guidance. Processes were in place to ensure that any deterioration in people's oral healthcare was reviewed. People had access to dental care both routinely and when they needed it. The manager had purchased toothbrushes that could be placed over people's fingers for those people who were unable to grip a toothbrush.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included completing key training courses and shadowing other staff. One staff member told us, "I spent time meeting everyone and getting to know their routines when I first started".
- Staff received regular training which included e-learning and face to face training. They had regular supervision with the registered manager to ensure that their skills were up to date. Staff had completed training in areas relating to the needs of the people who used the service such as dementia. A member of staff told us, "I recently did some training called 'In the mind of a dementia patient'. It really made me think about what it is like for someone with dementia, I am so much more patient now and make sure I talk slower and not too loud".
- Staff were given opportunities to gain qualifications and develop their roles. A member of staff told us "I'm being trained to become a senior carer which is something I'd asked for. They really support you to develop".

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

- People were able to access food and drink when they wanted to. People were offered drinks and snacks frequently but were also able to ask if they wanted something at a different time.
- People were able to choose from a healthy choice of meals which included fresh fruit and vegetables. The structure of mealtimes had recently changed to make it more of a restaurant experience. People were able to choose where they ate their meals, for example, some people chose to eat in the dining room whilst others chose to eat in the lounge.

- People who required support with their meals were given time to eat at their own pace. Staff were patient with people and spoke to them whilst they were supporting them. Staff followed advice from speech and language therapists and dieticians for people who required specialist diets such as a soft diet. Staff had information about people's dietary requirements and allergies and were able to talk about them knowledgeably.

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

- People were supported to attend appointments with other healthcare services such as hospital or therapy appointments when they needed to. Other healthcare services such as district nurses visited people at the service and staff followed guidance given by them such as preventing pressure sores.
- People had access to healthcare professionals based on their individual needs such as occupational therapists, dieticians and speech and language therapists. Care plans reflected the guidance and advice given by the healthcare professionals and was reviewed regularly. Staff had contacted other healthcare professionals if they thought a person's needs had changed, for example, if a person had recently had a number of falls.
- Each person was registered with a GP and people had regular health checks with dentists and opticians to maintain their health.

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

- People's bedrooms, communal areas and corridors were spacious to allow enough space for them to move about safely including if they required equipment such as walking frames and wheelchairs to assist them.
- There were large signs which included pictures on rooms such as toilets and bathrooms which made it easy for people to identify them.
- People's bedrooms were personalised with their belongings from home such as photographs, ornaments and furniture to ensure that people were familiar with their surroundings.

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.

- The registered manager understood the requirements of the MCA and their responsibility to apply it within the service. They had a process in place for monitoring applications made to deprive someone of their liberty including authorisations received and reapplied for these as required.
- Staff had received training and knew the principles of the MCA and how it applied to people in the service.
- Support plans were person centred and had taken account of people's ability to make decisions about their care.

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 now 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

- People were supported with their individual needs. Care plans reflected people's preferences and recorded whether people had any preferences in relation to religion or spiritual needs.
- Staff received training in equality and diversity to raise awareness of protected characteristics.
- Staff were aware of people's individuality and respected people's needs in relation to these.

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

- People and their relatives were involved in developing their support plans to make them relevant to them. One relative told us "They are very good at letting us know if they think something has changed and we are invited in to discuss it and make a plan".
- People told us that they spoke with the registered manager and staff every day and felt included in the service and the care they received.
- Staff knew and understood people very well and spoke to them about topics they were interested in. Staff planned activities based on what people liked and people were excited about the activities they were doing that day such as making valentines decorations. People had been asked for feedback about the activities and people had said that they enjoyed them including the Zumba session they had held.
- There was a resident of the day system in place where each day a different person had all their care plans reviewed. People's relatives said that they were updated when this happened.

Respecting and promoting people's privacy, dignity and independence

- We observed people being supported to maintain their independence such as by being encouraged to be active around the service.
- Staff gave examples of how they respected people's privacy by closing doors when giving people personal care and we observed them knocking on doors before entering people's bedrooms. Staff were observed being discreet when they supported people to go to the toilet by asking them quietly if they needed to go. If people had expressed a preference of gender of staff to support them with personal care, staff respected this.
- People were able to choose where in the service that they spent their time. There were communal areas that included a main lounge and a quiet area that people could use.

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 outstanding. At this inspection this key question has changed to good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and their relatives were involved in planning their care. People were able to make choices about what they did each day and what activities they wanted to join in with. One person told us, "I do what I want, I don't have to do anything I don't want to and the staff talk to me like a friend and do things with us".
- People's relatives told us that they were involved in pre-assessments when people moved to the home and also when care was assessed when people returned from hospital. This included ensuring that people's rooms were suitable to meet their needs and that they had appropriate equipment. For example, a person had recently returned from hospital and due to a change in their needs, the person had moved rooms to ensure that there was enough space for additional equipment and they would not be isolated. This change was made in discussion with the person, their family and staff at the service.
- People's choices and preferences were reflected throughout their care records which was then used to plan the care they received. Staff were knowledgeable about people's preferences and asked people what they wanted throughout the day. For example, staff knew what drinks people liked to have throughout the day, however they still asked people what drinks they would like.

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.

- There was individual information in people's care plans which detailed how they communicated and what they responded best to. For example, if people became upset by being spoken to too loudly or too quickly, it was documented how to communicate with them such as by speaking slowly and clearly. Staff communicated with people in a way they understood. For example, one person was hard of hearing so staff made sure that when they spoke to them they went to their level and spoke slowly and clearly.
- There was clear information about how people were able to communicate if they were in pain. Some people were unable to verbally tell staff if they were in pain so the body language and signs they used were clearly documented in their care records.
- There was signage around the home which was in large print and included pictures to make them easily identifiable.

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

- People who were nursed in bed or chose to spend time in their rooms were included in a 'forget me not' scheme where staff made meaningful contact with them throughout the day which included going to see them for a chat, giving them a hand massage or painting their nails. People's relatives told us that they felt reassured that when they went in to visit their relative, they could see how often staff had been in to see them in addition to delivering care.
- Some people had expressed that they had a religion and it was recorded whether they chose to practice it or not and to what extent. Staff supported people to practice in the ways that they had chosen. Religious and reflective services or quiet time was held at the home when people wanted to attend.
- People were supported to maintain personal relationships and to spend time with their partners and families, as well as including them in activities. The service was preparing for a valentine's meal where people's families were invited to join them for dinner. One relative told us, "I'm really looking forward to the meal that is planned for valentine's day. It is such a nice touch to be invited and included. We always get invited to special events here".
- People were encouraged to celebrate their birthdays if they wanted to and held birthday parties that people's families attended. Banners and birthday cakes were arranged as well as music. One person said "They have really made a fuss of me today. It is nice to be thought of, even at this age".

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they were not happy about something. One relative told us, "I know if I had a problem, I could go to the manager but I've never needed to. All the staff are so approachable that if there's something I'm not sure of I speak to them and we sort it out then and there". Information about how to make a complaint was displayed in a communal area in a format people were able to understand.
- There was a system in place for recording, responding to and monitoring complaints which followed organisational policies and procedures. Where there had been changes in the registered manager of the service, the provider had ensured that all complaints had been responded to appropriately in the interim.
- People were encouraged to express their views as part of meetings, surveys and care reviews.

End of life care and support

- At the time of the inspection, one person was receiving end of life care. The service had worked with the GP, palliative care nurses and the person's family to ensure that their last days were made as comfortable as possible. Anticipatory medicines had been put in place and the person's care plan was reviewed as the person's needs changed. The person's dignity was maintained in line with their wishes by still ensuring they looked smart and had their hair brushed regularly.
- Staff had discussed people's wishes about what they would like when they were nearing the end of their life. Care plans included information such as their preferences and who they would like contacted.
- Staff had received training in end of life care. Staff told us that the training had made them more focused on ensuring that people's dignity was maintained as their health was deteriorating.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff told us they found the registered manager and the deputy manager approachable and that there was an open culture throughout the service. Staff liked working at the service and one staff member told us, "it has really made a difference having a new manager here. They have so many ideas and the atmosphere is much nicer", another staff member said "The manager and deputy work really well as a team and I know I could go to either of them with anything and they would be supportive".
- The values of the service were reflected in the way that staff and the registered manager talked about the service. Relatives told us that they felt the service was based on person centred and individual care and felt included by all the staff.
- People were treated as individuals and received care based on their preferences and choices.

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

- Staff were aware of whistleblowing and said that they would feel confident to raise concerns if they had any. Relatives told us that they were always informed if their relatives were involved in any incidents.
- The registered manager was aware of their responsibilities under duty of candour and had contacted people's families and other healthcare professionals when incidents had occurred and put plans in place for preventing them happening again. This included seeking advice from other organisations if needed.
- The registered manager kept up to date with best practice guidance to drive improvement in the service. The provider shared learning amongst the registered managers for their services. The registered manager then implemented any necessary changes.
- The provider supported the registered manager and carried out regular visits to assess the quality of the service and put action plans when improvements were needed.

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

- The registered manager carried out surveys with people who used the service, their relatives and healthcare professionals to gather their opinions on the quality of the service. They put together an action plan of any comments or feedback they received to make improvements to the service. For example, a catering survey was carried out and some people had made suggestions about meals they would like, these had been incorporated into the menu review which was taking place.

- People and their relatives had regular meetings and were able to give their opinions on the service, for example, a poker night was held which was requested by people at one of their meetings.

Continuous learning and improving care

- The registered manager had introduced more in-depth monitoring of falls to identify whether there were any patterns or lessons to be learned. They had identified that there had been a large number of falls when there were no staff in the lounge and had implemented a system to ensure that there would always be a member of staff in the lounge. Following this, there had been a reduction in the number of falls within the service.
- The registered manager had a quality monitoring system in place to ensure that the quality and safety of the service was regularly reviewed, and improvements were made where needed. This included reviewing people's care plans and documentation to make sure it reflected their current needs.
- The provider had oversight of the quality management system and conducted checks and audits to support the registered manager to improve the quality of the service.

Working in partnership with others

- The registered manager worked in partnership with other organisations and healthcare professionals to provide care to people following best practice guidelines and current legislation. For example, the registered manager had worked with speech and language therapists to ensure that staff were fully aware of how to prepare meals for those people that required a special diet.
- Action was taken in partnership with other organisations in relation to incidents where people were considered a risk to themselves or others such as putting behaviour management plans in place to reduce the risk of harm.
- Feedback received from other healthcare professionals who visited the service was positive. Comments included "Kind, considerate staff who clearly care for residents. Clean tidy and well presented".