

## Runwood Homes Limited

# Park View

### 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?	Outstanding	

#### Overall summary

This inspection took place on 25 and 26 November 2015 and the first day was unannounced. The last inspection of this service took place on 24 June 2014 and was meeting all the required standards inspected.

Park View provides care and accommodation for up to 80 people and some people will have a diagnosis of dementia. On the days of our inspection there were 79 people present.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

The provider had a range of systems in place for the good management and governance of the service. They were following policies and procedures and gathered information which informed the manager and staff of

# Summary of findings

what was going on in the service and any actions to take in response to any difficulties encountered. This included increasing staffing in response to identified individual need.

Staff interacted with people in a caring and professional way. People were supported to attend religious services if they wished to do so. Staff talked with people individually and in groups using photographs to stimulate memories. Each person had a person-centred care plan which identified their specific needs and actions for staff to take to support people. This included taking people for walks and shopping trips.

People living at the service, staff and visitors described the management of the service as open and approachable. The management team had supported staff to identify interests and skills which they had supported with training. This meant that a number of staff champions had been appointed in various areas and performed activities to develop additional knowledge for the benefit of staff colleagues and upon which people of the service could call.

People had their mental health and physical needs monitored. The service had identified as necessary accurate recording of food and fluid charts for people. This had been achieved through staff meetings and training workshops, plus working with local professionals. Staff were confident in how to monitor and respond appropriately to people's identified needs and their nutrition needs had improved.

The service provided training in the form of an induction to new staff and comprehensive on-going training to existing staff. The senior staff of the service were knowledgeable with regard to Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals and worked with the Local authority to support people who used the service with regard to (MCA) and (DoLS).

People who used the service felt safe and secure. Staff spoken with, knew how to keep people safe and report any allegations of safeguarding and were confident they would be fully investigated to ensure people were protected. Staff received supervision and an appraisal.

The manager monitored the service through the use of a manager's weekly key performance indicators report. In turn this led to the overseeing of risk assessments and resulting plans of care had been recorded in the individuals care record. The staff had worked well with the GP Practices to ensure that the best healthcare available was provided to the people who used the service.

Throughout the inspection we saw that people's consent was sought and dignity respected. Each person had a care plan which was regularly reviewed and changes recorded as necessary and acted upon.

The service had a complaints process in place and the management undertook regular audits and surveys to identify issues and how the service could be improved.

The service had a mission statement and the vision and values of the service were focussed on providing person-centred care and treatment. The staff were attentive to detail as led by the management of the service setting the example, so that things that mattered to the people using the service were attended to.

The management of the service provided an on-call system to support staff at the service if so required.

# 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.

Staff were trained and understood how to safeguard people from abuse.

Regular checks of the care provided and the equipment used minimised the risk of unsafe care.

The service had a robust recruitment procedure.

Good



### Is the service effective?

The service was effective.

The staff understood the Mental Capacity Act 2005 and how this impacted on the care provided to people. Staff had acted in the best interest of people who were unable to make decisions for themselves.

Staff were supported to provide good care and their competency was checked by management to ensure they met the required standard.

Staff were knowledgeable about people's nutrition and needs and acted accordingly to provide people with choices of food and drink.

Good



### Is the service caring?

The service was caring.

Each person had a care plan and had been consulted about how care was to be provided to them.

People told us the staff and the organisation was caring. They told us they were treated with respect and their dignity maintained.

Staff spoke positively about the people living in the home and showed knowledge of people's past lives and current needs.

Good



### Is the service responsive?

The service was responsive.

People's care needs were assessed and changes recorded appropriately in their care plans.

There was a complaints policy and procedure which has been implemented when a complaint had been raised to resolve the matter.

Good



### Is the service well-led?

The service was well led.

People and staff told us the home was well managed.

Outstanding



# Summary of findings

People were put at the heart of the service which worked to implement the statement of purpose.

The registered manager and management team led by example.

Audits and checks were carried out to ensure safe practices within the home.

The service had a statement of purpose and ethos of a learning culture and delivering person-centred care

# Park View

## 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 25 and 26 November 2015 and was unannounced. It was carried out by an inspector and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before the inspection we checked the information that we held about the service and the service provider including statutory notifications regarding any issues or changes made to the service since the last inspection. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We spoke with ten people who lived at the service, four relatives and two visiting professional, the manager, the deputy manager and five members of staff. We observed how care was provided to people, how they reacted and interacted with staff and their environment. 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 about people's care and how the home was managed. These included care records for seven people and 20 people's medicine administration record (MAR) sheets. We also looked at records relating to the management of the service. These included four staff training records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, menus and incident reports.

# Is the service safe?

## Our findings

People told us they felt safe. One person said. “At night staff say hello and check you are alright – a couple of times I was in great pain and it was dealt with well” Another person told us. “It is very nice and has a relaxed atmosphere and the staff seem homely and I feel safe and as far as I am concerned the staffing is about right.”

Staff had received training in how to safeguard people from abuse. They were able to describe how they put the training into practice with their knowledge of indicators of abuse and who to report concerns to. They were also aware of how to report concerns directly to the local authority if there was a need to do so. A member of staff told us. “I thought the training was good because it covered not just physical abuse, which was the first one that came to mind.”

Risks related to people's assessed care needs were considered. We saw that in the care plans information had been recorded regarding risks to people and the actions staff were to take to reduce the risk. This included for people on bed-rest, turning charts to inform staff and recorded when the person was moved to reduce the risk of pressure sores.

Fire safety had been assessed. There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and fire extinguishers and fire equipment had been regularly serviced. There was an emergency evacuation plan in place. We saw all lifting equipment within the service had been regularly tested and serviced.

There were sufficient numbers of staff on duty to keep people safe and meet their care needs. The manager had assessed the minimum staffing levels required to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Since our last inspection the number of staff had been increased on night duty in response to people's needs. Documentation

showed how people's needs were assessed and how staff numbers were calculated. Staff rotas showed the required number of staff were available to support people. This was verified by our observations during the inspection. During the time of our inspection the call bells were answered promptly. A member of staff told us. “Staffing, we have enough and if someone phones in sick we always have cover.” This was confirmed by the manager and we saw information on the rota of covering when a member of staff was unwell.

Call bells were available to people in their rooms or communal areas and were accessible to people. Where people were unable to use their call bell staff made regular visits to their rooms to check on their wellbeing. One person told us. “Staff look in on us very regularly. I just have to press the call bell and they are there.”

The service operated safe recruitment procedures. Staff files contained Disclosure and Barring Service (DBS) checks, references including two from previous employers and application forms. The DBS is designed to help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Identification documents and information regarding health checks had also been recorded.

One person told us. “The staff bring my medicines to me, they are never late and always check I am ok.” Another person told us. “If I need pain relief I just have to ask for it.” Staff who were responsible for administering medicines had received training. The service had a policy and procedure for the administration of medicines. We checked the controlled medicines and saw that they had been booked into the service appropriately and the records were accurate. We checked the medicines administration records for 20 people and found all were signed appropriately. We observed people being given their medicines and this was done in a safe manner.

# Is the service effective?

## Our findings

One person told us. "I like living here as there is a pleasant atmosphere and the staff are kind and cheerful." Another person told us. "The staff know what they are doing, the manager and deputy inspires confidence." A relative told us. "My [relative] has received good care since coming here because the staff know about the condition and have acted to help them."

Staff told us they were well trained and knew how to meet people's needs. The management of the service reviewed the training provided and who had attended on a monthly. This was so that missed training could be discussed in supervision and if required additional training sessions provided to ensure staff kept their training up to date. Each new staff member completed an induction. This included areas such as infection control, person centred care and communication with people. It also covered areas such as their duty of care and their roles. Should staff require additional support, a member of the management team arranged or carried out 1:1 support with the staff member to assist them with their learning. A member of staff told us. "An experienced member of staff worked alongside staff me when I began working here and this helped to give me confidence." Training was provided to staff in areas such as, equality and diversity and moving and handling to enable staff to have the skills to care for people safely and appropriately.

Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Where this applied, relatives had been involved and professionals who played a role in the person's life had contributed to the best interest decision making process. We discussed with the manager how the Deprivation of Liberty Safeguards (DoLS) were implemented. This is a process by which a provider must seek appropriate authorisation to restrict a person's freedoms for the purposes of care and treatment. DoLS application had been appropriately made and records were in order. There were risk assessments in place regarding taking people for walks. On each day of the inspection we saw staff taking individuals out of the service for walks.

One person told us. "The food is lovely and very nice portions." A relative told us. "The staff talk with [my relative] and show the choice of meals to them, so they can choose then and there." People's nutritional needs had been assessed and care plans reflected how people's needs were to be met. Risks to people associated with inadequate intake of food and drink had been assessed and people's weight was monitored regularly. Each person we saw had water and juice easily available to them as were snacks and fruit. Drinks and snacks were also regularly offered by throughout the day by staff.

People were supported to eat and drink and independence was promoted where appropriate. Lunch lasted nearly two hours in one unit dining room for the two sittings but at no time were residents made to rush or eat at a pace they did not want. The manager told us. "We have set times for meals, but if that's not suitable then residents can have their meals when they want. If they want a late breakfast, we will also make them a late lunch." A relative confirmed that the staff were accommodating and they thought the standard of the meals was very good.

We saw that people on bed-rest had fluid and food charts and information had been recorded so that the staff knew that people were receiving sufficient nutrients. Where people required more specialist support the dietetic team and speech and language therapists had been consulted and their advice was acted upon.

We spoke with a visiting professional. They informed us the service contacted them appropriately, in particular the staff were good at recognising if a person deteriorated and sought their advice quickly and effectively. They had attended meetings with families and staff members to support people and also provided training to the service staff.

We saw that the care records also showed the service had worked effectively with other health and social care services to ensure people's care needs were met. Each person had their own GP, Optician and Dentist. A professional informed us. "The staff contact me appropriately and are always welcoming. What I like is that I am greeted on arrival and a member of staff stays with me so that I can communicate anything to them at the time and they also ask me to write in the person's notes."

# Is the service caring?

## Our findings

People told us the staff knew them well, were attentive to their needs and provided good care. One person told us. "Every day I have a body wash, the staff are excellent. I can't wear socks as it is uncomfortable and the staff look after my feet – it is my choice not to wear socks." Another person told us. "All the carers and staff are very good. No matter what you ask them to do, it is done."

People's opinions were sought and staff reacted positively to their wishes. For example, one person told us they could choose what time they got up each day. Another told us. "They (staff) listen to you." They went on to describe how they were supported in the way they wanted to be cared for. They described how they valued the fact that they were treated with respect and dignity. A member of staff told us. "I love hearing about people's life's and the things they have done."

One person told us they chose to spend time on their own; they informed us they liked to take meals with other people but liked their own company. They told us that the staff had accepted this without difficulty, while at no time did they feel isolated. During the inspection we observed staff approached them to check that they were alright.

Staff were able to talk about the individual needs of the people. One staff member of staff explained to us they saw their role to care for people as they would like to be cared for. They described how they showed respect to people by relating to the individual needs and opinions of people and acting on them. Another staff member told us of the importance of communicating with people, and how this

should be respectful. Another staff member told us it was important for people to have clean clothes and dress as they wished. The service provided regular opportunities for people to have their hair and nails attended to.

Minutes of a recent resident's meetings recorded the views of people living at the service. A staff member told us. "The manager encourages us to really get to know people and you can only do this by talking with people." A person told us that they used the garden and part of this was sheltered from the elements so they could smoke their cigarettes. They explained that this was important to them and arrangements prior to them coming to the service had been discussed and explored.

We observed prior to staff entering people's rooms they knocked on the door and waited for a response, even when the door was open. One person told us. "The staff visit regularly, they come in and talk. My key worker comes in often kind and caring nice to see them."

People told us and we saw from the care plans and minutes of meetings people were involved in the planning and delivery of their care. Records showed people had been consulted about how they wished their care to be provided. The management team had undertaken work to ensure each person's care plan was personalised and included people's wishes. Staff knew people's preferences and knew how to support people in their preferred way. With people's consent, relatives were invited to care review meetings with key worker and a member of the management team to discuss the care being provided and any changes that were required to be made.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs as their needs had been assessed and a care plan written and agreed with them in response to the assessed needs.

While we were talking with a person, we asked them if they thought the service was understanding of them and responsive. They told us. "Staff will do anything you want but I prefer to get up and wash and dress myself when I wish which is respected. If I feel unwell or in need of help I can press the buzzer for them to help." Another person told us. "It is my choice to stay in my room and I have got my radio and tv and newspaper." The staff check upon me and help me with what I cannot do for myself."

Another person told us that they felt involved with what was happening. They told us. "Residents receive a regular newsletter, and there are residents meetings." They also told us. "We also have a say in any decorating."

People told us they were included in the planning of their care, and could make decisions and choices about how it was delivered. For example taking a bath or a shower. Prior to moving to the service an assessment of each person's needs was completed. From this a care plan was written and any risks were identified and were appropriate assessment were written. This was to ensure where appropriate people's needs were identified and the risks involved in their care were minimised. People or their representatives gave consent to the care being provided. We saw one person had signed each part of their care plan to indicate their agreement with the contents.

Care plans and risk assessments were reviewed and updated regularly. We examined records and spoke with people about the care they received. What they told us was in agreement with and compatible with the information in the care plans. Where people had specific needs due to physical or mental health concerns, the appropriate care had been sought from health care professionals and was provided.

It was clear from talking to staff they knew about the life histories of the people they were caring for, their likes and dislikes. A member of staff told us. "The manager has always told us to respect the person as it is there home." The deputy manager told us about the activities provided with the service people were able to make choices about what was offered and this was regularly reviewed. We saw activities taking place on both days of our inspection. One person told us. "I have not played cards for years and really enjoy it." A relative told us. "I visit regularly, always welcomed and I come at all sorts of odd times and the staff communicate with me on anything that is important they would not wait until I visit to tell me."

We observed the handover meeting. The purpose of the meeting was to update staff members coming on duty in the afternoon of information they required to deliver individual care. The meeting reviewed the care given during the morning and all staff were encouraged to share their knowledge. The meeting was conducted in an open and inclusive manner and the senior staff checked with people that information had been recorded. The discussions focused on people's care needs with clear plans of actions agreed. A member of staff told us that they found the handovers extremely helpful and they had sufficient time to record information in the person's notes.

All the people we spoke to said that they felt comfortable mentioning any little requests or issues to staff, and that they would approach the manager if necessary. People told us they knew how to complain but they had not had any need to do so. Staff told us what they would do when a complaint was raised and would try to resolve the concern. The manager told us about the policy and procedure regarding complaints. They also explained that in the first instance staff were encouraged to resolve any issues with people and to ask for assistance from senior staff if necessary. Hence, in the first instance staff tried to resolve the issue there and then, but if they could not or the person wished then a complaint would be recorded. We saw at the time of the inspection complaints had been resolved as per the written procedure. This showed that the manager was working with those involved to resolve matters to all people's satisfaction.



# Is the service well-led?

## Our findings

All stakeholders were positive about the management of the service. A person told us. "The manager is wonderful and I have been here longer than they have so I have seen the improvements." A visiting professional told us. "The manager reports information to us and makes themselves available to discuss any issues. They are pro-active to arrange the appropriate care and support for their residents." A relative told us. "I am welcomed whenever I come here and enjoy visiting, this is much better for my [relative] than living on their own." A member of staff told us. "Best place I have worked as I am supported."

People told us they felt the service was well managed and well led. They told us the care provided was good and their needs were met. A member of staff told us why the management team were so effective. "The deputy manager is very hands on and the manager is everywhere and always helpful. They always walk around the building talking and listening to everyone when they come on duty."

We saw that the service had a statement of purpose and the manager informed us that was the starting point for the care delivery.

Questionnaires had been sent to people and their relatives for feedback on the quality of the care provided in the service. The questions covered areas commencing with first impressions of the service, quality of care and attentiveness of the staff, and responses were positive. The information had been reflected upon and used to update the welcome pack.

Staff described the manager as a good manager who was encouraging and supportive of the staff. They told us there was not a blame culture in the service but one of learning from experiences. One staff member told us they found the staff meetings useful, this was because they received good feedback from the management. They also thought that the supervision, annual appraisal and training encouraged staff to develop their skills. All of these measures supported having a strong management ethos of being open and transparent regarding the running of the service. The manager told us the management team worked hard to recruit the right staff and to support them through

induction once employed. They also explained how they encouraged while challenged staff appropriately regarding their practice to that they could develop and grow their skills.

We found the monitoring of the service to be thorough and well planned as some audits were daily, others weekly and others monthly. Staff contributed to the audits and knew what to do. All the information was captured in the manager's weekly key performance indicators report. In turn this led to an action plan of any identified actions or improvements to be made. This showed us that there was continual improvement.

Audits had been carried out to check the safety of equipment and the effectiveness and accuracy of care plans and associated records. We read audits for safety checks and fire equipment maintenance checks, medication and care plan audits. We saw that actions were taken as a result of the audits. For example more care plan audits were being done in the following time period to keep on track with the overall system of auditing. The manager informed us about the various duties they performed each day, delegated and also carried out each week and month with regard to the management of a large service. This included checks that were made on gas and electrical equipment.

Residents meetings were held monthly and minutes were kept. We saw that suggestions and issues raised such as choices of food were implemented and acted upon. A monthly newsletter was produced by a relative supported by the people living at the service and staff. This informed people of what been happening, future plans and various activities in which they could participate. The impact was that people were well informed and could keep in contact with each other.

The manager told us that the support provided was based upon everyone being unique. Staff were encouraged to get to know people, understand them and ensure their care plans were accurate and updated. Hence the team of staff including the various staff champions and individuals keyworker would be able to work with the person to support them to achieve their aspirations. A member of staff told us. "We have 100% team culture, we all work together and new staff we lead, the hard bit is to



## Is the service well-led?

understand the needs of people with dementia and gain their consent.” They explained that thorough training, being patient and working with families and other professionals this was achievable.

From the observations we made during the inspection, it was evident that the vision and values of the mission statement had been applied into the way the service was managed. Hence putting people first to deliver individualised assessed care. Information provided by relatives was positive. One person told us, “I would recommend it to other families.” Another relative told us, “The manager is lovely, really welcoming and the staff are so accommodating and we can come when we want.” Another relative commented upon how the atmosphere was relaxed and accommodating.

Staff were able to freely describe the ethos of the service and what they wanted to achieve.. “The residents are special and I am here to work to give them proper care, give them what they choose and what they like, we are here for them.” They explained this was possible because of the support provided and standards set by the manager and the management team. Another staff member told us they liked working at the service as people come first. They also found the team meeting an opportunity to talk through issues and ideas from staff were welcomed. They informed us that the manager has emphasised the need for having accurate care plans but you can only do that from working with the person themselves.

There was an-call system in operation so that if the manager or deputy were not on duty they were available to support the senior person at the service at the time and there was also support from area managers. The manager was visited regularly by their manager for business meetings and their own supervision.

The service accessed a range of organisations to strive towards best practice from the information provided. Management and leadership was clear during our inspection from the way in which people in need of seeing a GP or resolving an event was dealt with by senior staff. A visiting health professional told us about the good communication that existed between them and the service, then told us, “I see many homes and this one is outstanding.” They told us about how people’s health had improved once they had moved the service. The impact was that people were able to enjoy living their life’s as they wished to a better degree than prior to moving in.

The manager arranged and undertook monthly audits and each person’s care plan was reviewed monthly to ensure it was up to date. Audits and resulting actions were able to drive improvement and he experience for people. These included falls, accidents and environment hazards. When issues were identified actions were identified, communicated and implemented. The service also undertook monthly audits of medicines in the same manner. Hence quality was integral to the service approach to provide individualised care. Robust systems were being operated to drive continuous improvement forward.